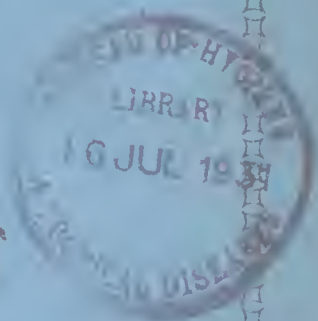


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BURGH OF PAISLEY.



REPORT

OF THE

Public Health Department

FOR THE YEAR 1930.

BY

G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.,
Medical Officer of Health.



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*To the Provost, Magistrates and
Town Councillors of the
Burgh of Paisley.*

I have the honour to submit my Report on the work of the Public Health Department for the year 1930. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.


The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Your obedient Servant,

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
PAISLEY, June, 1931.



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BURGH OF PAISLEY.

Report of the Public Health Department for the Year 1930.

PART I.

VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

POPULATION.—The population estimated to the middle of 1930 was 87,036; this gives an estimated decrease over the figure for 1929 of 411. For next year's Report, the new Census figures will be available.

AREA.—The area of the Burgh is 3,538 acres. The density of population is 24.6 per acre.

BIRTHS.—There were 1,784 births, 912 males and 872 females, giving a birth date—corrected for transfers—of 20.5, the same rate as in 1929. The rate for the whole of Scotland was 19.3, while the average rate for the larger Scottish Burghs was 20.4.

ILLEGITIMATE BIRTH RATE.—This rate was 5.8 per cent. of the total births, rather higher than the average figure. The rate for the whole of Scotland was 7.3 per cent., and for the larger Burghs, 6.5 per cent.

DEATH RATE.—The number of deaths was 1,268, giving a death rate—corrected for transfers—of 14.6, as compared with a rate of 15.1 for 1929; the average rate for the past eleven years is 13.9. The rate for the whole of Scotland was 13.2, while the rate for the larger Burghs was 13.8.

The principal diseases contributing to the death rate were heart disease, 182 deaths; cancer, 134 deaths; pneumonia, 127 deaths; pulmonary tuberculosis, 66 deaths; bronchitis, 64 deaths.

The number of deaths from the various forms of heart disease is the second highest recorded since the war. It is agreed that, in the majority of cases, heart disease is the result of rheumatism in childhood, especially during the early school years, and the present high mortality figures are bound to induce progressive Local Authorities to adopt all possible measures to try and pre-

vent the serious cardiac sequelæ of Rheumatism. Schemes already in force provide for an intensive search for the rheumatic child, notification, skilled institutional treatment over a prolonged period, followed by continuous medical supervision for a number of years.

The deaths from Cancer, 134, continue at a high level, forming 10.5 of the total number of deaths, and point clearly to the necessity for sustained educational propaganda on the subject. There are certain accepted facts regarding Cancer, which the general public must learn and act on if the present high mortality rate is to be reduced; (1) cancer is always at first a local disease, (2) while still a local disease, it can be cured, (3) it can only be cured by means of early and complete surgical measures. or by the use of Radium or X-Rays.

INFANT MORTALITY RATE.—Deaths under one year—corrected for transfers—numbered 190, giving a rate of 107 per 1,000 births, as compared with a rate of 89 for 1929 and 105 for 1928; the average rate for the past eleven years is 100. The rate for the whole of Scotland was 83, and for the larger Burghs, 93.

Diseases of early infancy and malformations accounted for 89 deaths or 46.8 per cent. of the total number. Effective ante-natal care of the expectant mother, together with an efficient midwifery service, would appear to be the most important factors in any campaign towards the reduction of this high mortality.

The other principal diseases contributing to this mortality rate were Pneumonia, 34 deaths; Whooping Cough, 12 deaths; Diarrhoea and Enteritis, 12 deaths; Bronchitis, 8 deaths.

TUBERCULOSIS MORTALITY RATE.—The rate of deaths from all forms of Tuberculosis was 1.13, and the rate from Pulmonary Tuberculosis was 0.76; in 1929, these rates were 1.01, and 0.55. Both these rates are below the average rates for the past eleven years. The corresponding rates for the whole of Scotland were 0.88, and 0.62,—the lowest rates ever recorded—while the average rates for the larger Burghs were 1.03 and 0.73.

INFECTIOUS DISEASES RATE.—The rate of deaths from the principal infectious diseases was 0.91; in 1929, this rate was 0.37—the lowest ever recorded—while the average rate for the past eleven years is 0.97. The corresponding rate for the whole of Scotland was 0.54, and for the larger Burghs, 0.72.

CONTROL OF INFECTIOUS DISEASES.

A.—HOSPITALS.

INFECTIOUS DISEASES HOSPITAL, BRIDGE STREET.—The number of cases remaining in Hospital on 31st December, 1929, was 74; the number admitted during 1930 was 747; giving a total of 821, compared with a total of 823 for the year 1929. The principal diseases contributing to this total were acute pneumonia, 296; scarlet fever, 205; diphtheria, 128; measles, 59; whooping cough, 50; erysipelas, 41.

During the year, the question of a new Infectious Diseases Hospital received careful consideration. In September, following consideration of a detailed report on the present Hospital, it was decided to apply to the Unemployment Grants Committee for a grant in aid of a new Hospital. After prolonged negotiations, the Unemployment Grants Committee definitely refused to give any grant, and ultimately, in February, 1931, the Local Authority unanimously decided to proceed with the erection of a new Hospital, and a special Sub-Committee was appointed to consider and report on the question of site and style of building. There can be no question that the decision of the Local Authority was a popular one among all sections of the community, and it is hoped that the erection of a new Hospital will proceed with the least possible delay.

As in past years, Miss Dick and her nursing staff have to be congratulated on an excellent record of work. During the year, Dr. A. M. MacCormick was appointed Resident Medical Officer in succession to Dr. Susan M. MacMurray, and I have to thank both officers for their very capable and conscientious services.

RECEPTION HOUSE, BRIDGE STREET.—There was no occasion during the year to utilise the accommodation at the Reception House.

SMALLPOX HOSPITAL.—Cases of Smallpox are now treated at the West Renfrewshire Combination Smallpox Hospital, near Johnstone. Gockston Hospital is solely reserved for cases of tuberculosis.

B.—INFECTIOUS DISEASES.

The total number of cases of infectious diseases—apart from tuberculosis—was 3,325; in 1929, this figure was 2,727.

Notifiable diseases accounted for 1,512, of which 528 were cases of acute pneumonia; 293, chickenpox; 199, scarlet fever; 111, diphtheria. There were 1,813 cases of diseases not compulsorily notifiable, of which 962 were cases of measles; 677, whooping cough; 174, mumps.

Thanks are again due to the Epidemic Inspector, Mr. Eaglesim, and the Epidemic Nurse, for an arduous year's work.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASES.—It was not considered necessary to recommend closure of any School or part of a School on account of infectious disease.

HOUSING AND INFECTIOUS DISEASES.—I subjoin a table showing the number of cases of acute pneumonia, diphtheria, and scarlet fever which occurred in houses of one, two, and three apartments:—

Size of House.	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
	No of Cases.	Per Cent. Total.	No of Cases.	Per Cent. Total.	No of Cases.	Per Cent. Total.
One Apartment,... .. * (14.6 per cent.)	92	20.2	21	19.6	25	12.8
Two Apartments, (48.2 per cent.)	275	60.3	45	42.1	108	55.4
Three Apartments, (21.5 per cent.)	70	15.3	28	26.2	49	25.1
Over Three Apartments, (15.7 per cent.)	19	4.2	13	12.1	13	6.7

* The figures in brackets denote the percentage of each class of house to the total number of houses.

DISINFECTION.—In addition to the usual routine, measures of disinfection, 78 sets of bedding were removed with the owner's

consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases:—Pulmonary Tuberculosis (24), Cancer (18), Respiratory Diseases (8), Circulatory Diseases (5), Nervous Diseases (4), other diseases (19).

MODERN METHODS OF ACTIVE IMMUNISATION.—Since the latter months of 1926, the nursing staff at the Burgh Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to determine their susceptibility to diphtheria and scarlet fever; those found susceptible have been actively immunised, and, up-to-date, there has been no case of either disease. The question of making a start with immunisation work at the Child Welfare and School Clinics is still under consideration.

PNEUMONIA.—Total notifications, 632, classified as follows:—Acute primary pneumonia, 519; influenzal pneumonia, 9; acute pneumonia, secondary to other diseases, 104. These figures represent an average incidence.

376 cases of acute primary pneumonia and acute influenzal pneumonia were admitted to hospital, or 71.2 per cent of the total notifications; of these, 286 were treated in the Fever Hospital, 57 in the Royal Alexandra Infirmary, and 33 in Craw Road Institution. Deaths numbered 127, giving a case mortality—for all notified cases—of 24 per cent., an average figure. The case mortality in the Fever Hospital was 15.2 per cent. 54 deaths out of the total of 127 occurred in children under 5 years.

104 cases of pneumonia, secondary to other diseases, were notified during the year; the great majority of these were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables the Department to get into early touch with these cases, and to offer institutional treatment at the Fever Hospital, where, during 1930, 106 cases were admitted.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of acute pneumonia

and acute influenzal pneumonia. I subjoin an interesting table showing the development of this work:—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.)	Cases Removed to Hospitals.			Total Cases removed to Hospitals.	Percentage of Notified Cases removed to Hospitals.
			Fever Hospital.	Royal Alexandra Infirmary.	Craw Road Institution.		
1920	201	55.6	55	62	...	117	58.2
1921	253	31.2	119	45	1	165	65.2
1922	530	27.9	209	111	18	338	63.8
1923	250	20.1	108	39	8	155	62.0
1924	578	28.8	170	114	25	309	53.5
1925	491	23.8	236	91	18	345	70.3
1926	500	27.0	219	93	30	342	68.4
1927	561	21.0	300	81	31	412	73.4
1928	545	23.6	304	72	28	404	74.1
1929	738	23.1	306	104	124	534	72.3
1930	528	24.0	286	57	33	376	71.4
Totals,	5,175	...	2,312	869	316	3,497	67.6

Taking the years, 1922 to 1930, we find that the average case mortality of the notified cases was 24.4 per cent.; during the same period, 45.3 of the total notified cases were treated in the Fever Hospital, where the average case mortality was 16.2 per cent. During 1930, 80.5 per cent. of the total notified cases occurred in houses of one and two-apartments, which form 62.8 per cent. of the total houses in the Burgh; it is clear, therefore, that, until housing conditions in Paisley are more or less revolutionised, it will be very necessary to provide ample institutional accommodation for the severe forms of acute respiratory diseases.

SCARLET FEVER.—Cases notified, 199; removed to hospital, 169, or 84.9 per cent.; 6 deaths occurred, giving a case mortality of 3.01 per cent., the highest rate for 10 years, the average case mortality for the past 11 years being 1.7 per cent. The incidence of this disease was distinctly lower than usual, but the percentage of the septic type of cases was higher. Scarlet Fever Antitoxin continues to give excellent results so far as the toxic symptoms of the disease are concerned, but, in our experience, it has no

material effect on the course of septic cases or on the incidence of septic complications. Where home isolation of cases is practicable, medical practitioners can be supplied with antitoxin.

DIPHTHERIA.—Cases notified, 111; removed to hospital, 108; there were 8 deaths, giving a case mortality of 7.2 per cent., the highest rate for 10 years, the average rate for the past 11 years being 5.3 per cent. The incidence of this disease was rather lower than usual.

I would once again point out to medical practitioners the danger of relying on bacteriological examinations in suspected cases of diphtheria, especially in the case of young children; in children, treatment with serum should be commenced whenever the clinical evidence gives rise to any suspicion of diphtheria, and should never be delayed pending the result of a throat swab. Serum is always available for practitioners at the Fever Hospital.

ENTERIC FEVER.—3 cases were notified, and were removed to hospital; bacteriological confirmation of the diagnosis was obtained in 2 cases, both being Paratyphoid "B" fever; there were no deaths. The final diagnosis of the unconfirmed case was Pyelitis.

OPHTHALMIA NEONATORUM.—Notifications numbered 40, being 2 more than in the previous year; 20 cases were proved to be due to a gonococcal infection, a distinctly higher number than usual. 34 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 183 domiciliary visits to these cases; 1 severe case was admitted to the Fever Hospital, while 5 serious cases were referred to the Royal Victoria Eye Infirmary, where they attend, as out-patients, for expert advice and treatment. No case of impairment of vision occurred, and, in that respect, our record of only one case of blindness from this disease since 1918 is the best possible tribute to the success of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

MEASLES.—962 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Medical Service of the Education Authority; this represents a high incidence. There were 16 deaths—13 under 5 years of age—giving the low case mortality of 1.6 per cent. The Epidemic Nurse paid 987 domiciliary visits in order to impress on parents the danger of this disease in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week in order to prevent the onset of that very fatal complication, pneumonia, which is the cause of practically all the deaths from measles. Thanks are again due to the local press for publishing at frequent intervals helpful paragraphs, warning parents of the danger of the disease,

and advising them to call in medical advice at an early stage. Medical practitioners assure me that such propaganda has undoubtedly been of real, educative value. 58 cases were admitted to the Fever Hospital, where accommodation is available for complicated cases.

WHOOPIING COUGH.—677 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this indicates a high prevalence. 48 complicated cases were treated in the Fever Hospital. There were 35 deaths—33 of children under 5 years—which gives a case mortality of 5.1 per cent., a comparatively low rate. 792 domiciliary visits were paid to these cases by the Epidemic Nurse. Whooping Cough is the most fatal of all the common infectious diseases, especially for very young children, and parents must learn to take all possible precautions to safeguard their children from infection.

ENCEPHALITIS LETHARGICA.—No cases were notified during the year; 1 chronic case—a male adult—died. Consequent on the Local Government Act coming into operation, the Special Wards in Stobhill Hospital, Glasgow, ceased to be available for the treatment of chronic cases; these cases, where necessary, can now be treated in Craw Road Institution.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—11 cases of Puerperal Fever were notified, of which 9 were treated in hospital; there were 6 deaths, a very high mortality rate. 38 cases of Puerperal Pyrexia were notified, of which 33 were treated in hospital; there were no deaths.

I subjoin a note of the treatment and preventive facilities provided by the Local Authority for such cases:—

- (1) Consultant Service: Dr. Donald McIntyre, Glasgow, has been appointed Consultant Surgeon, and practitioners can arrange with him at any time for a consultation.
- (2) Bacteriological Examinations: Arrangements have been made with the Glasgow Corporation Laboratory for the examination of swabs, blood specimens, etc.; outfits for such examinations can be obtained at the Fever Hospital.
- (3) Institutional Treatment: A special ward has been set aside at the Fever Hospital, and a side-room has been fitted up as an operating theatre where operative treatment can be carried out. Dr. Donald McIntyre has been appointed Consultant Obstetric Surgeon for this ward.
- (4) Domiciliary Nursing Service: The Trustees of the Peter Brough Bequest Fund have cordially agreed to the re-

quest of the Local Authority that the services of their nurses will be available for cases which can be suitably treated at home.

CHICKENPOX.—There were 293 notifications of this disease which at present is compulsorily notifiable; this indicates a low prevalence. As chickenpox may easily be confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

CEREBRO-SPINAL FEVER.—20 cases were notified, 19 being removed to hospital; there were 13 deaths. This represents the highest incidence since the war years.

ERYSIPELAS.—82 cases were notified; 43 cases were treated in hospital; there were 4 deaths.

MUMPS.—174 cases came to the notice of the Health Department, the lowest number since 1924.

INFECTIVE JAUNDICE.—3 cases were notified, but on investigation were not verified.

MALARIA.—1 case was notified.

SMALLPOX, TYPHUS FEVER, CHOLERA, RELAPSING AND CONTINUED FEVERS, DYSENTRY, ACUTE POLIOMYELITIS (Infantile Paralysis), POLIO-ENCEPHALITIS.—No cases occurred during the year.

INFECTIOUS DISEASES CARRIERS.—No “carriers” came to the notice of the Health Department during the year.

INFLUENZA.—11 deaths from this disease occurred during the year, a figure which indicates a low prevalence.

MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during 1930 at the Bacteriological Laboratory at the Fever Hospital. In 1920, the examinations numbered 707; the total for 1930 is 1,284.

Disease.			No. of Specimens.	Positive Results.	Negative Results.
Diphtheria,	...	...	747	134	613
Enteric Fever,	...	...	17	7	10
Tuberculosis,	...	...	329	69	260
Venereal Diseases,	...	...	146	55	91
Cerebro-Spinal Fever,	...	...	37	28	9
Other Diseases,	...	...	8	6	2
Total,			1,284	299	985

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

STAFF.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.

Maternal & Child Welfare
Department.
Tuberculosis Department.
Disinfection Department.
X-Ray Department.
Artificial Sunlight Department.

Education Authority.

Minor Ailments Clinic.
Special Treatment Clinic.
Dental Clinic.
Remedial Exercises Clinic.
Office Accommodation.

The general public continues to show a keen interest in the work of the Institute. During the year, 9 parties, including Women's Guilds, Girl Guides, Men's Clubs, etc., visited the Institute in the evenings, the average number of each party being 40; in addition to Mr. Brown, the capable and energetic caretaker, a Medical Officer was in attendance on these occasions in order to explain fully the work of the various departments.

Details of the work of the various departments will be found in the review of the year's work, which is subjoined.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the special instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief, personal comments. I have also thought it advisable to continue most of the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) BIRTHS.

(a) Number registered (corrected for transfers, 1,784);	1,830
(1) Legitimate,	1,711
(2) Illegitimate,	119

(b) Number notified (including still-births),	...	...	1,359
(c) Number classified according to nature of attendance:			
(1) Doctor,	...	...	591
(2) Midwife,	...	...	697
(3) Institution,	...	...	571
(d) Number of still-births,	...	...	86

An analysis of the probable causes of 81 still-births will be found in Part II. of the Report. Effective ante-natal supervision would undoubtedly result in a reduction of this high rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

(2) INFANTILE MORTALITY.

(a) Number of deaths (corrected for transfers, 190),	...	204
(b) Rate per 1,000 births (corrected for transfers),	...	107
(c) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths:		

Age Groups.	No. of Deaths.	Rate per 1,000 Births.
Under 1 week,	63	34.42
1 week and under 4 weeks,	27	14.75
4 weeks and under 3 months,	33	18.03
3 months and under 6 months,	28	15.30
6 months and under 12 months,	53	28.91

Causes of Death.	No. of Deaths.	Rate per 1,000 Births.
Chickenpox,	0	0
Measles,	2	1.09
Scarlet Fever,	1	0.55
Whooping Cough,	13	7.10
Diphtheria and Croup,	1	0.55
Erysipelas,	1	0.55
Tuberculous Diseases,	4	2.19
Meningitis (not Tuberculous),	6	3.28
Hydrocephalus,	0	0
Convulsions,	4	2.19
Pneumonia (all forms),	37	20.21
Bronchitis,	8	4.37
Diarrhoea and Enteritis,	15	8.20
Other Digestive Diseases,	0	0
Congenital Malformations,	16	8.74
Congenital Heart,	0	0
Premature Birth,	39	21.31
Atrophy, Debility, and Marasmus,	34	18.58
Atelectasis,	1	0.55
Injury at Birth,	6	3.28
Suffocation, overlaying,	4	2.19
Syphilis,	0	0
All other causes,	12	6.56

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis once again emphasises the need for effective ante-natal supervision of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced.

(3) MATERNAL MORTALITY.

(a) Number of deaths resulting from miscarriage or childbirth,	10
(b) Number of deaths resulting from puerperal sepsis,...	6

The number of maternal deaths during 1930—10—gives a maternal mortality rate of 5.60 per 1,000 births; in 1929, this rate was 3.30, the lowest rate ever recorded. The average rate for the past 11 years is 5.49. Of the 10 maternal deaths, 6 resulted from puerperal sepsis, the highest number during the past 11 years, the puerperal sepsis death rate being 3.36, as compared with an average rate for the past 11 years of 1.71 per 1,000 births.

(4) REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

This will be found in Part II. of the Report. There are 23 midwives on the local roll, of whom 7 hold the C.M.B. Certificate or its equivalent. 39 per cent. of the total number of births were attended by midwives.

(5) HOME VISITATION.

	Number visited.	Total Visits.
Infants,	1,859	8,107
Children (1-5 years),	2,041	6,407
Expectant Mothers,	190	311
	<hr/> 4,090	<hr/> 14,827

The total number of home visits is 723 more than the number paid during 1929. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health Visitors will be increased in order that this important branch of the work will receive the attention which its importance merits. At present, especially since the recent increase in the number of clinic sessions, the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

(6) VOLUNTARY HEALTH VISITORS' REPORT.

There are no Voluntary Health Visitors. The balance of the funds of the old Voluntary Health Visitors' Association is still being used to assist necessitous mothers in the provision of clothing for infants and young children.

(7) ANTE-NATAL CONSULTATIONS.

There are three sessions held each week—on Monday after-

noon and on Wednesday and Friday mornings. Each session lasts $2\frac{1}{2}$ - $3\frac{1}{2}$ hours; the total number of sessions was 111.

(a) Total number of expectant mothers attending.	642
Re-attending from 1929,	74
New Patients,	568
(b) Total number of attendances,	2,364
(c) Classified summary of conditions found:	
Albuminuria,	69
Anæmia,	2
Bronchial Catarrh,	9
Cardiac Disease,	2
Chorea,	2
Contracted Pelvis,	46
Dental Caries,	42
Debility,	5
Doubtful Pregnancy,	14
Excessive Sickness,	22
Goitre,	3
Gynæcological conditions,	2
Incomplete Abortion,	1
Multiple Pregnancy,	2
Malpresentation,	9
Minor Ailments,	335
Normal Pregnancy,	17
Not Pregnant,	5
Previous Ectopic Pregnancy,	1
Pyuria,	1
Retroverted Gravid Uterus,	3
Still-Births and Miscarriage,	12
Threatened Abortion and Miscarriage,	14
Tuberculosis,	2
Varicose Veins,	7
Venereal Disease,	13
(d) Number of Cases:	
(1) Referred to ante-natal ward,	80
(2) Referred to family doctor,	2
(3) Treated at clinic,	560
(e) Sources from which cases were drawn:	
Recommended by doctor,	32
Recommended by midwife,	37
Came of own accord,	542

The total attendances at the ante-natal clinic again reached a record total, and the number of mothers attending was 47 more than the previous highest total. The appointment of an additional Assistant Medical Officer in November provided the opportunity of opening an extra weekly session on Monday afternoons, which was urgently required. The extra session now enables the Medical Officer to do proper justice to her patients, and also lessens the wearisome waiting time for the mothers. This very important work is bound to develop further, especially in view of the new Rules of the Central Midwives' Board, which make it obligatory on midwives to refer all their patients for ante-natal advice and medical examination. As has been repeatedly pointed out, effective ante-natal supervision provides the key to the reduction not only

of puerperal mortality and morbidity but also of the high figures of still-births and neo-natal mortality.

(8) POST-NATAL AND OTHER CONSULTATIONS.

(a) Total number of patients,	620
New patients,	463
Old patients re-attending,	157
(b) Total number of attendances,	2,424
(c) Conditions found:	
Agalactia,	135
Debility and minor ailments,	320
Gynæcological conditions,	3
Mastitis,	2
Dental caries,	4
Post-encephalitis,	1
Healthy,	155

These figures, as in previous years, refer mainly to nursing mothers attending the Child Welfare Clinics, but a small number attended the Ante-Natal Clinic where post-natal examinations were made.

In previous Reports, I pointed out that the value of the local maternity service would undoubtedly be enhanced if the necessary staff was available to hold a special post-natal clinic. It is therefore gratifying to be able to report that, following on the appointment of an additional Assistant Medical Officer in November, a special post-natal clinic was opened in December under the charge of Dr. Mary Stevenson, Resident Medical Officer, Barshaw Hospital. The clinic is held in the Russell Institute on Thursday afternoons and will, it is hoped, provide the means of effecting a reduction in the distressingly high morbidity rate among mothers. There can be no doubt as to the real preventive value of post-natal supervision; complications and sequelæ of child-birth can be recognised at an early stage when it is possible to treat them effectively, and so prevent serious and prolonged invalidism.

(9) CHILD WELFARE CONSULTATIONS.

There are seven sessions held each week, each session lasting 2½—4 hours. The total number of sessions was 307.

(a) Number of children attending:	
(1) Under 1 year of age,	1,024
(a) New patients,	792
(b) Patients re-attending,	232
(2) Over 1 year of age,	1,469
(a) New patients,	544
(b) Patients re-attending,	925
(b) Total number of attendances:	
(1) Under 1 year of age,	5,310
(2) Over 1 year of age,	5,624
(c) Illnesses recorded:	
Congenital defects,	9
Debility,	416

Dental caries,	222
Digestive disorders,	320
Diseases of the skin,	225
Ear affections,	37
Throat and nose disorders,	155
Eye affections,	32
Genito-urinary disorders,	2
Infantile paralysis,	1
Infectious diseases,	27
Injury,	7
Intestinal parasites,	19
Marasmus,	5
Mental deficiency,	2
Prematurity and birth debility,	62
Respiratory disorders,	230
Rickets,	62
Surgical conditions,	235
Tuberculosis,	11
Healthy children,	414

Total attendances numbered 10,934, as compared with 10,716 during 1929. The appointment of an additional Assistant Medical Officer in November provided the opportunity of opening an extra weekly session, which has materially assisted in relieving the overcrowding which previously obtained. More time is now available both for the Medical Officers and the Nurses to develop the very important, educative aspect of the work at these clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

RICKETS.

The incidence of this disease at the Child Welfare Clinics during 1930 is subjoined, and again shows a welcome decrease as compared with the figures for the two previous years:—

	1928.	1929.	1930.
Total number of cases, ...	120	84	62
New cases,	52	31	20
Old cases re-attending, ...	68	53	42

I subjoin the usual statistical data relating to the 20 new cases attending during the year:—

(1) Classification.

Early,	6
Medium,	5
Advanced or late,	9

(2) Age Incidence.

6 to 9 months,	1
9 to 12 months,	7
12 to 18 months,	6
18 to 24 months,	6

(3) Modes of Feeding.

Breast fed at birth,	17
Partly breast fed at birth,	0

Bottle fed,	3
Breast fed babies weaned earlier than 3rd month,	4
Breast fed babies weaned between 3rd and 6th month,	2
Breast fed babies weaned between 6th and 12th month,	6
Breast fed babies weaned after 12th month, ...	5
(4) Question of Employment of Husband.	
Husband in steady employment,	7
Husband on short time,	1
Husband unemployed for a few months,	2
Husband unemployed for 1 year,	2
Husband unemployed for 2 years,	6
(5) Housing Accommodation.	
Lodgings,	2
1-apartment houses,	9
2-apartment houses,	9
3-apartment houses,	0

Rickets is a disease of faulty nutrition and faulty environment, and its development can be largely prevented by parents who are willing to take advantage of the newer knowledge regarding food and diets. For several years, intensive efforts have been carried out under the Child Welfare Scheme to try and reduce its incidence. The Health Visitors, on their first visit to a house after a baby arrives, leave a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the clinics, such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are (1) Cod Liver Oil, (2) Artificial Sunlight Treatment, (3) Proprietary Preparations containing Vitamin "D."

Artificial Sunlight Treatment gives good results in the great majority of cases, always provided that regular attendance can be secured. During 1930, 54 children received this treatment at the Russell Institute; of these 27 cases improved under treatment, in 6 cases the condition was unchanged, while no fewer than 21 children ceased attendance prematurely. It is extremely disappointing that so many parents fail to take advantage of the facilities provided for the cure of the disease.

(10) SPECIAL TREATMENT CENTRES.

(1) Dental Clinic.

(a) Number of attendances:		
(1) Mothers,	364	
(2) Children,	859	
(b) Number of dentures supplied,	0	
(c) Summary of work:		

	New Cases.	Attendances.	Extractions.	Fillings.	Dressings, etc.
Mothers,...	132	364	330	15	55
Children,..	321	859	526	146	242
Totals, ...	453	1,223	856	161	297

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The figures given above again show an excellent record of work. The number of new patients is 20 more than the previous highest total, while the total attendances are the highest ever recorded. The extractions carried out involved the giving of 591 local anæsthetics. The development of this work among expectant mothers is particularly gratifying, and forms a very welcome adjunct to the ante-natal clinics.

In submitting his report, Mr. A. M. Marshall, Senior Dental Surgeon to the Education Authority, writes as follows:—

“We have now reached the limit of the amount of work able to be undertaken. Any increase in the numbers requiring attention at the Dental Clinic would necessitate some new arrangement with the Health Department of the County Council.

“I pointed this out in the School Health Administration Annual Report, at the same time pointing out that great care has to be exercised in the treatment of maternal cases. Our work on these cases has been very satisfactory from a dental standpoint. The extractions have all been performed under a local anæsthetic, and we have not had a single case which caused us the slightest anxiety.”

Mr. Marshall's remarks are very pertinent. The time at present allotted to this work—four hours per week—only of course permits of the really urgent cases being treated; under present conditions, practically no work of a preventive nature can be undertaken. Mr. Marshall's comments on the work among expectant mothers are also interesting and deserve publicity in view of the popular belief that it is dangerous for expectant mothers to have dental treatment.

Sincere thanks are due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes.**

(a) Number of cases,...	...	...	...	...	32
(b) Classified summary of conditions treated:					
Acute conjunctivitis,	...	...	...	...	6
Blepharitis,...	...	...	...	...	14
Hordeola, ...	...	...	...	...	9
Ophthalmia neonatorum,	...	...	...	...	3

(3) **Ear, Nose, and Throat.**

(a) Number of cases,...	...	...	...	...	192
(b) Summary of conditions:					
Otorrhœa, ...	...	...	...	...	36
Enlarged tonsils and adenoids, ...	...	...	...	...	129
Adenoids, ...	...	...	...	...	5
Mastoid, ...	...	...	...	...	1
Tonsillitis, ...	...	...	...	...	21

(4) Ultra-Violet Light Clinic—Child Welfare Cases.

(a) Number of attendances, 2,781

(b) Number of cases:

Old cases re-attending, 60

New cases, 126

(c) Note of conditions treated and results obtained:

Dr. Susan M. MacMurray submits the following report on this work:—

No. of Cases.	Condition.	Result.
9	Adenitis.	Improved.
1	Adenitis.	Condition unchanged.
2	Adenitis.	Referred to surgeon.
2	Adenitis.	Ceased attendance prematurely.
1	Backward child.	Improved.
17	Bronchial Catarrh.	Improved.
1	Chorea.	Improved.
63	Debility.	Improved.
29	Debility.	Ceased attendance prematurely.
2	Infantile Paralysis.	General condition improved.
27	Rickets.	Improved.
6	Rickets.	Condition unchanged.
21	Rickets.	Ceased attendance prematurely.
1	T.B. Abdomen.	Improved.
1	T.B. Abdomen.	Ceased attendance prematurely.
1	T.B. Abdomen.	Removed from district.
1	T.B. Mastoid.	Died of intercurrent disease.

School Children (excluding Tuberculous cases) referred by School Medical Officer.

(a) Number of attendances, 614

(b) Number of cases, 22

Old cases re-attending, 6

New cases, 16

(c) Note of conditions treated and results obtained:

No. of Cases.	Condition.	Result.
2	Adenitis.	Improved, continuing treatment.
1	Adenitis.	Ceased attendance prematurely.
1	Alopecia.	Ceased attendance prematurely.
1	Anæmia.	Improved, treatment suspended.
3	Bronchial Catarrh.	Improved, treatment suspended.
1	Chorea.	Improved, continuing treatment.
3	Debility.	Improved, treatment suspended.
4	Debility.	Improved, continuing treatment.
3	Debility.	Ceased attendance prematurely.
1	Pernicious Anæmia.	Transferred to Hospital.
1	Rhenumatism.	Improved, continuing treatment.
1	Ulcers.	Ceased attendance prematurely.

The work at this clinic shows a marked decrease, as compared with the previous year, total attendances being 3,395, compared with 6,328 during 1929; the decrease applies both to child welfare cases and to scholars.

(11) DAY NURSERIES, KINDERGARTENS, AND PLAY CENTRES.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to do excellent work which would otherwise have to be undertaken by the Local Authority. Total attendances during the year numbered 4,954. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. In May, 1930, the Committee of Management opened a Play Centre for Children between three and five years in the St. Andrew's Mission Hall, Great Hamilton Street. The Centre is open on week-days from 9.30 a.m. to 12.30 p.m., and a charge of five pence per week is made for each child. About 30 children are admitted, and, from personal observation, I can testify to the happy interest which they take in following out the well-planned programme of simple games and lessons under the wise guidance of Miss Stewart, the Warden of the Centre, and her assistants. It is a real pleasure to attend the Centre, and see the keen interest of the toddlers in learning to do things for themselves, such as brushing their teeth, washing their faces, etc., and the general atmosphere of natural happiness among the children is the best possible testimony to the success of this new venture. The Local Authority and the Education Committee of the County Council gave grants in aid of the work of the Centre, and those who realise the nature of the work will all agree that such grants are certainly excellent investments.

(12) FOOD AND MILK.

(a) Number of persons in respect of whom applications were made for food or milk:						
(1) Mothers,	...	...	...	...	...	77
(2) Children,	...	...	...	...	...	128
(b) Number of cases certified on Medical grounds as requiring food or milk:						
(1) Mothers,	...	...	...	...	...	77
Expectant,	...	...	...	...	...	22
Nursing,	...	...	...	...	...	55
(2) Children,	...	...	...	...	...	128
(c) Number of cases under (B) certified as necessitous:						
(1) Mothers,	...	...	...	...	...	77
(2) Children,	...	...	...	...	...	128

As in former years, I have again to record the usual generous donation of £20 from the Peter Brough Bequest Fund, and the money was again expended in providing baby clothing to help deserving mothers in necessitous circumstances.

(13) MEASLES.

(a) Number of cases notified (not compulsorily notifiable),	...	...	...	...	962
(b) Number of deaths:					
(1) From Measles,	...	...	...	...	0
(2) From sequelæ,	...	...	...	...	16
(c) Number of cases removed to hospital,	...	...	...	...	58
(d) Number of domiciliary visits,	...	...	...	...	987
(e) Details of special staff, if any, engaged for epidemics:					
An additional Health Visitor was appointed in 1924,					
who, during epidemics, devotes her whole time to					
home visitation.					

(14) WHOOPING COUGH.

(a) Number of cases notified (not compulsorily notifiable),	..	...	...	...	...	677
(b) Number of deaths:						
(1) From Whooping Cough,	...	...	...	...	...	0
(2) From sequelæ,	...	...	...	...	...	35
(c) Number of cases removed to hospital,	...	...	...	...	...	48
(d) Number of domiciliary visits,	...	...	...	...	...	792
(e) Details of special staff, if any, engaged for epidemics; see note under "Measles."						

(15) OPHTHALMIA NEONATORUM.

(a) Number of cases notified,	...	...	...	...	...	40
(1) By doctor,	...	...	...	...	...	3
(2) By midwife,	...	...	...	...	...	34
(3) By institution,	...	...	...	...	...	3
(b) Number of cases in which infection was gonococcal,	...	...	...	...	...	20
(c) Number treated in residential institution,	...	...	...	...	...	1
(d) Number of cases in which there was appreciable loss of vision,	...	...	...	...	...	0

5 cases were treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) MATERNITY HOSPITALS.

(18) HOSPITALS FOR SICK CHILDREN.

Barshaw Maternity and Child Welfare Hospital.

A very full detailed record of the year's work, including the statistical and clinical data required by the Department of Health for Scotland, has been prepared by Dr. Mary Stevenson, Resident Medical Officer, and will be found in Part II. of the Report. Medical practitioners will find the full clinical notes of special interest. Here, I need only refer to the principal figures and comment briefly on the year's work.

MATERNITY WARDS.

	1922.	1926.	1927.	1928.	1929.	1930.
Number of admissions, ...	233	496	535	483	549	611
Ante-natal, ...	83	182	203	164	166	162
In labour, ...	147	277	287	260	326	381
Post-natal, ...	3	1	2	5	7	2
Abortions, ...	11	36	40	54	48	62

Barshaw Hospital was opened in December, 1921. and the figures given above afford striking justification of the policy of the Local Authority, and convincing proof of the success of the work.

The year under review again saw a record total of admissions to the Maternity Wards—62 more than the previous highest total—and Dr. Mary Stevenson, the keen and competent Resident Medical Officer, is to be heartily congratulated on the excellent results of a very hard year's work. Of the total admissions, 244 were sent to hospital by medical practitioners, 361 were referred from the Ante-Natal Clinics, and 5 were transferred from other hospitals. 42 cases were admitted from areas outwith the Burgh, as compared with 50 cases during 1929. The record number of admissions during 1930 emphasises the plea put forward in last year's Report that the Local Authority should consider seriously the question of providing more accommodation at the hospital for maternity cases. On repeated occasions during the last three years, the hospital has had to accommodate more than its official number of patients, and cases of abortion and county cases have had to be refused. In January, 1930, the Local Authority decided not to admit any cases from Renfrew County in future, but this decision, while relieving to a certain extent the pressure of accommodation, can only postpone for a very short time the question of providing extra beds. The steady development of the work at the Ante-Natal Clinics, the education of the public to the advantages of institutional treatment, and the high percentage (62 per cent.) of one—and two—apartment houses in the Burgh are the main factors which are inevitably leading to an insistent demand for an increase in the accommodation available for mothers. Apart from cases of abortion and county cases, admission of mothers has not yet had to be refused, but, on several occasions, owing to overcrowding, we have had to ask the management of the Royal Maternity Hospital, Glasgow, if they would be willing, if required, to admit cases from Paisley. It is agreed that overcrowding of maternity wards leads to grave risks of the spread of infection among puerperal cases; up to date, by careful technique and ever-watchful administration, the medical and nursing staff at Barshaw have managed to avoid any untoward results from the overcrowding which at times was unavoidable, but such immunity from outbreaks of puerperal infection cannot be expected to continue. Another weighty argument in favour of increased accommodation is the inadequate and

unsuitable accommodation for the staff; at the present time, whatever the necessity, not a single extra nurse can be accommodated in the hospital.

The ante-natal ward continues to serve as a valuable and very necessary adjunct to the ante-natal clinics. In recent years, in addition to the three weekly ante-natal clinics held at the Russell Institute, another weekly clinic has been held at the hospital, where the Resident Medical Officer sees patients referred to her by medical practitioners for advice or treatment. During 1930, 492 attendances were recorded at this clinic—145 more than the previous highest total; such figures testify to the value of the work and are also a very pleasant tribute to the relations between the local medical practitioners and Dr. Mary Stevenson.

The number of cases of abortion was 62, a record total. No deaths have occurred in the 321 cases treated in the hospital during the past nine years, and all cases have made good recoveries. Institutional treatment of such cases, leading as it does to a reduction of maternal morbidity, is undoubtedly justified by the results obtained but, as has already been pointed out, lack of accommodation will certainly curtail such admissions in the future; when no accommodation is available at Barshaw, cases are referred to the Royal Alexandra Infirmary, or Craw Road Institution.

The number of confinements was 459; there were 257 normal deliveries without medical assistance, 90 normal deliveries requiring some form of medical assistance, and 112 classified as abnormal or complicated deliveries. The maternal morbidity rate for the total number of deliveries was 4.6 per cent., the rate for normal deliveries, 3.4 per cent., and the rate for abnormal deliveries, 8 per cent.; these figures show an appreciable improvement on the corresponding rates for 1929, which were 6.6 per cent., 5.6 per cent., and 8.3 per cent. Details of these cases will be found in Part II. of the Report. There were 35 still-births, giving a still-birth rate of 7.5 per cent., as compared with a rate of 8.3 per cent. in 1929. The neo-natal death rate, i.e., deaths of infants under 8 days, was 6 per cent., compared to 3.1 per cent. in 1929.

There were 5 maternal deaths, giving a maternal mortality rate for the total number of admissions of 0.8 per cent., compared with a rate of 1.9 per cent. in 1929. The causes of death were as follows:—Abdominal Abscess (1) Contracted Pelvis, Dystocia, Rupture of Uterus (1), Post-partum Hæmorrhage and Shock (1), ? Concealed Accidental Hæmorrhage (1), Eclampsia (1). Details of these cases will be found in Part II. of the Report.

Dr. Donald McIntyre, Consultant Obstetric Surgeon, was called to the hospital on 59 occasions, and his work may be summarised

as follows:—111 consultations, 22 minor operations, and 15 major operations. These figures, which again form a record total, are yet another index of the very responsible nature of the work in the maternity wards.

I have once again to thank Miss Lang, Matron, for her most efficient services, and also her staff on the splendid manner in which they tackled a very heavy year's work.

Children's Ward.

When the hospital was opened, two wards were set aside for children—one for medical cases, and one for minor surgical cases. Since 1926, owing to the increased demand for accommodation for maternity cases, there has been only one ward available, and this has been used chiefly for minor surgical cases.

The number of admissions during the year was 234, compared with 255 in 1929; of these, 19 were medical cases, and 215 surgical cases. Of the total, 32.9 per cent. were infants under 1 year, 26.4 per cent. between 1 and 3 years, and 40.7 per cent. between 3 and 5 years. The average duration of residence was 17.8 days for the medical cases, and 7.7 days for the surgical cases. 34 cases were recommended for admission by medical practitioners, 187 cases were referred from the Child Welfare Clinics, while 13 were transferred from the maternity wards. There were 8 deaths, 5 medical and 3 surgical cases, the causes being Marasmus (3), Prematurity (2) Inguinal Hernia and Cerebral Embolism (1), Multiple Abscesses and Pyæmia (1), Septicæmia after Tonsillectomy (1).

Of the 19 medical admissions, 7 were cases of debility, 4 marasmus, 7 prematurity, 1 tetany.

The work of the surgical ward was again well maintained, 273 operations, chiefly of a minor nature, being performed, as compared with 305 during 1929. Operations on "indoor" cases numbered 196, while "outdoor" cases numbered 77; "outdoor" cases are not formally admitted to hospital but are brought up early in the morning, operated on during the forenoon, and sent home usually between 4 and 5 p.m. 110 cases of tonsils and adenoids and 6 cases of adenoids were operated on; these cases are detained on an average five or six days. The work also included 66 cases of circumcision, 25 abscesses, 11 inguinal hernia, 3 hydrocele, and 28 cases of talipes, treated by the application of plaster or splints. Apart from operations, the "outdoor" work involved 42 consultations with Dr. Andrew Hutton, surgical specialist to the children's ward, who is again to be congratulated on the continued success of his work,

which has real, preventive value and forms a most useful and necessary adjunct to the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income; the great majority, of course, receive at least £2 as Maternity Benefit. During 1930, £908 was collected, as compared with £846 in 1929, £788 in 1928, £876 in 1927.

I subjoin a table showing the scale of contributions:—

Scale of Fees for Maternity Cases in Barshaw Hospital.

- (1) Cases under "Necessitous Scale" with no Maternity Benefit—
No charge.
- (2) Cases under "Necessitous Scale" with Maternity Benefit—
15s. per week.
- (3) Non-necessitous cases under 40s. (weekly income), *plus*
Maternity Benefit—£1 per week.
- (4) Non-necessitous cases between 40s. and 50s., *plus* Maternity
Benefit—£1 5s. per week.
- (5) Non-necessitous cases between 50s. and 60s., *plus* Maternity
Benefit—£1 10s. per week.
- (6) Non-necessitous cases above 60s., *plus* Maternity Benefit—£2
and upwards per week.

Present scale of "Necessity," 9s. per adult and 6s. per child.

(17) HOMES FOR UNMARRIED MOTHERS.

(19) CONVALESCENT HOMES.

(20) BOARDING-OUT.

(21) HOME HELPS.

(22) EDUCATIONAL.

(23) NOTE OF OTHER AGENCIES ASSOCIATED WITH SCHEME.

The Scheme of the Local Authority does not include any special arrangements under the above headings.

(24) PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND
PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

These Regulations came into force on 1st October, 1929. The treatment and preventive facilities provided by the Local Authority

have already been described in the section of the Report dealing with Infectious Diseases.

(1) Total number of cases:					
(a) Puerperal Fever,	...	...	...	...	11
(b) Puerperal Pyrexia,	...	...	...	...	33
(2) Total number of cases removed to Infectious Diseases Hospital:					
(a) Puerperal Fever,	...	...	...	...	6
(b) Puerperal Pyrexia,	...	...	...	...	5
(3) Total number of deaths:					
(a) Puerperal Fever,	...	...	...	...	2
(b) Puerperal Pyrexia,	...	...	...	...	4
(4) Number of cases of instrumental delivery:					
(a) Puerperal Fever,	...	...	...	...	1
(b) Puerperal Pyrexia,	...	...	...	...	6
(5) Number of deaths occurring in cases under (4):					
(a) Puerperal Fever,	...	...	...	...	0
(b) Puerperal Pyrexia,	...	...	...	...	1
(6) Number of cases where the Local Authority provided assistance on the request of medical practitioners:					
				Puerperal Fever.	Puerperal Pyrexia.
(1) Consultant Service,	...	...	...	1	1
(2) Bacteriological Examinations,	...	...	...	0	0
(3) Skilled nursing at home,	...	...	...	0	0
(4) Hospital treatment,	...	...	...	6	5

(25) OTHER PROVISIONS.

Institutional accommodation is available at the Fever Hospital for young children suffering from pneumonia, enteritis, and ophthalmia neonatorum.

MIDWIVES AND MATERNITY HOMES (SCOTLAND) ACT, 1927.

This Act came fully into operation on January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There are two registered Maternity Homes in the area—(1) a Private Nursing Home which has five rooms available for maternity cases, and (2) a Home conducted by a certified midwife who has accommodation for two cases. Both Homes were visited throughout the year. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

STAFF CHANGES.

The resignation of Dr. Janet Higgins in September, 1930, on account of ill-health, was a severe loss to the Department. Dr. Higgins joined the staff in 1920, shortly after my own appointment, and, during the last ten years, she has taken a very active.

leading part in the striking development of the Public Health Services in Paisley. After a year as Resident Medical Officer at the Fever Hospital, Dr. Higgins acted as Resident Medical Officer at Barshaw Hospital from its opening in 1921 to the middle of 1928; there, her skill and experience, and her unwearied devotion to her work, earned her the full confidence of the public and of her colleagues in general practice, and, more than any other factor, contributed to the success of the Hospital. Her work, however, was by no means confined to Barshaw Hospital. Throughout her service, she acted as Depute Medical Officer of Health and Assistant Tuberculosis Officer. Special mention must be made of her work in opening the new X-Ray and Artificial Sunlight Departments at the Russell Institute in 1927; the success of these new Departments can fairly be ascribed to the competence and thoroughness which was the feature of all Dr. Higgin's work. After leaving Barshaw, she reorganised the work under the Maternal and Child Welfare Scheme on very sound lines. Popular alike with her staff, her colleagues, and the general public, her resignation caused sincere and widespread regret.

Following on Dr. Higgin's resignation, her duties under the Maternal and Child Welfare Scheme were taken over by Dr. Susan M. MacMurray, who for fully a year had given excellent service as Resident Medical Officer at the Fever Hospital.

As in past years, I have to record my most sincere thanks to the Assistant Medical Officers and the staff of Health Visitors for an excellent record of work throughout the year.

PREVENTION AND CONTROL OF TUBERCULOSIS.

INCIDENCE OF THE DISEASE.

The principal statistics for the year are as follows:—

PULMONARY TUBERCULOSIS.—At the beginning of the year, there were 516 cases under observation; 117 cases were notified during the year; there were 66 deaths; at the end of the year, 541 cases remained under observation. 102 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.76 per thousand; in 1929, this rate was 0.55, the lowest rate ever recorded; the average rate for the past 11 years is 0.83.

The number of notifications was rather below the average number, which for the past 11 years is 128.

NON-PULMONARY TUBERCULOSIS.—At the beginning of the year, there were 480 cases under observation; 69 cases were notified during the year; there were 32 deaths; at the end of the year, 496 cases remained under observation. 33 cases were removed to hospital. Of the 32 deaths, 11 were due to tuberculous meningitis.

The number of notifications of non-pulmonary tuberculosis was well below the average number, which for the past 11 years is 81.

The death rate for all forms of tuberculosis was 1.13 per thousand; in 1929, this rate was 1.01 per thousand; the average rate for the past 11 years is 1.19 per thousand.

Age Incidence of Cases Notified during 1930.

Age Periods.	Pulmonary.	Non-Pulmonary.
Under 1 year,	3	5
1 to 5 years,	1	22
5 to 15 years,	10	19
15 to 25 years,	26	13
25 to 45 years,	55	6
45 to 65 years,	21	4
Over 65 years,	1	0

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:

Abdomen,	21
Meninges,	14
Glands,	10
Bones,	1
Joint,	5
Spine,	7
Generalised,	6
Eyes,	0
Abscesses,	3
Genito-urinary,	0
Skin,	2

As regards occupation, the principal figures are as follows:

Houseworkers,	...	...	...	...	...	27
Scholars	...	...	...	...	...	24
Labourers,	...	...	...	...	...	18
Threadworkers,	...	...	...	...	...	14
Engineers,	...	...	...	...	...	11

The following table shows the relation of the housing and economic factors to the incidence of 148 cases notified and investigated during the year:

HOUSES.	No. of Cases.	Percentage of Total Cases.	Average No. of Inmates.	Weekly Household Income.		
				Under £2	Between £2 and £3	Over £3
1 Apartment, *(14.6 per cent.)	26	17.5	4.2	17	7	2
2 Apartments (48.2 per cent.)	77	52	5.2	20	34	23
3 Apartments, (21.5 per cent.)	27	18.2	5.7	2	3	22
Over 3 Apartments, (15.7 per cent.)	18	12.2	7.1	0	3	15

*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, institutional cases, etc., numbered 38.

Investigation was also made regarding the sleeping accommodation of 148 cases notified during the year, and the results may be summarised as follows:

- (1) At the time of notification, 81 cases shared a bed.
- (2) At the time of notification, 43 cases occupied a bed alone but shared a room.
- (3) At the time of notification, 24 cases were the sole occupants of a room.

SCOPE OF THE PRESENT SCHEME.

STAFF.—Chief Tuberculosis Officer, 1 Assistant Tuberculosis Officer, 1 Tuberculosis Nurse.

The work carried out during the year may be reviewed under three headings:

- (1) Domiciliary Treatment.
- (2) Dispensary Treatment.
- (3) Institutional Treatment.

DOMICILIARY TREATMENT.—Owing to the high percentage of one—and two—roomed houses in Paisley—62.8 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary beds are loaned out. Necessitous cases may also receive weekly allowances

of eggs, milk, butter, etc., 25 cases receiving help in this way during 1930. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £50 4s 11d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given by certain voluntary agencies whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect. These agencies are: (1) The James Clark Bequest Fund, administered by the Royal Alexandra Infirmary Committee of Management. Weekly grants of money are given from this Fund to supplement the household income in cases of home treatment; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1929, there were 71 recipients on the roll of this Fund, during the year 8 new cases received assistance, and, at the end of the year, 64 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £721 4s. (2) The Renfrewshire Memorial to the late King Edward, the funds of which are devoted to the welfare of tuberculosis patients throughout the whole County area. During 1930, 67 patients in Paisley were assisted as follows:—7 patients received assistance in the shape of rent payments; 48 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 4 patients received dental treatment; 8 patients were provided with bed and bedding to enable them to have the sole use of a bed. £305 was spent on these various services during the year: (3) The United Services Fund gives assistance to ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by war service, and where, therefore, no pension is granted. The Fund gives assistance in various ways, most usefully, perhaps, by giving weekly allowances to help to maintain the dependents of men receiving institutional treatment. During 1930, 17 cases applied for assistance, and £101 15s was granted in relief.

All applications for assistance from these various agencies are most carefully investigated, and only deserving cases are recommended.

DISPENSARY TREATMENT.—The Municipal Dispensary is held at the Russell Institute, and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours. I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1927	1928	1929	1930
Total attendances,	2,645	2,533	2,438	2,400
Average monthly attendances,	220	211	203	200
Primary consultations,	158	132	169	118

Of the new cases, 40 came to the Dispensary of their own accord, 27 were referred by medical practitioners, 33 by the Public Health Staff, 5 by the School Medical Officers, while 13 patients were referred on their discharge from hospitals and sanatoria. Apart from these cases, medical practitioners also send suspicious cases for examination at the Public Health Department.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 261 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight Treatment.

X-RAY DIAGNOSIS.—The X-Ray Department at the Russell Institute, which is now under the charge of Dr Charles M. Whiteford, is open for two sessions weekly—Monday forenoon and Thursday afternoon.

During 1930, 464 patients attended for examination, as compared with 458 during 1929. Of these, 83 cases were referred by medical practitioners, 228 cases by the Public Health Staff, and 153 cases by the County Tuberculosis Officer. 852 plates were taken of these cases.

The diagnosis of early pulmonary tuberculosis is always an extremely difficult problem, and it has added greatly to the interest and value of the work at the Tuberculosis Dispensary to be able to confirm suspicious, but indefinite, clinical signs by means of X-Ray examinations; in doubtful cases, comparison of two plates—the second one taken after an interval of four to eight weeks—has frequently made possible a definite diagnosis of the presence of active disease.

ARTIFICIAL SUNLIGHT TREATMENT.—During 1930, 161 cases under the Tuberculosis Scheme received treatment in the Artificial Sunlight Department at the Russell Institute, as compared with 232 cases during 1929. The total number of exposures was 4,516, as compared with 7,347 during 1929. The Clinical Tuberculosis Officer reviews these cases at a special clinic session on Wednesday afternoon of each week.

Dr Charles M. Whiteford, Clinical Tuberculosis Officer submits the following interesting report on the work at this Clinic:—

The Artificial Sunlight Clinic continues to function for the treatment of notified cases of certain types of non-pulmonary

tuberculosis and also for those cases designated "pre-tuberculous" in whom no definite clinical signs of active tuberculosis have been found.

Most cases of non-pulmonary tuberculosis derive great benefit from the treatment, enlarged glands become smaller, discharging sinuses are healed, and ulceration and other painful conditions are improved; the general health of the "pre-tuberculous cases is toned up.

The patients dealt with at the Clinic are drawn from the following sources:—Burgh Health Department, County Health Department, School Medical Service, and medical practitioners.

The sub-joined table gives particulars of the work done during the year under review:—

		Recommended by Burgh Health Department.		Recommended by County Health Department.		Recommended by Medical Practitioners.	
		Cases continued from 1929.	New Cases.	Cases continued from 1929.	New Cases.	Cases continued from 1929.	New Cases.
Non-pulmonary tuberculosis.	Improved ; treatment suspended.	15	3	3	3	12	1
	Treatment continued into 1931.	12	9	1	1	9	3
	Ceased attendance prematurely.	2	5	2	2	5	5
	Transferred to Hospital.	—	4	—	—	1	1
Pre-tuberculous Cases.	Improved ; treatment suspended.	9	5	—	—	5	1
	Treatment continued into 1931.	5	12	—	1	3	2
	Ceased attendance prematurely.	2	9	—	—	2	4
	Transferred to Hospital.	1	—	—	1	—	—

The total number of cases was 161, including 72 new cases, and 89 cases continuing treatment from 1929. Of the new cases, 35 were cases of non-pulmonary tuberculosis and 37 were "pre-tuberculous"; while the 1929 cases included 62 cases of non-pulmonary tuberculosis and 37 pre-tuberculous cases.

In the above table, and in the analysis of cases subjoined, the heading "Improved; treatment suspended" is used with reference to cases deemed to have been rendered quiescent or apparently cured, and whose treatment was accordingly stopped; "treatment continued into 1931" refers to cases who, though improved, were considered to require further treatment; "ceased attendance prematurely" refers to those defaulters who ceased attendance against medical advice; "transferred to hospital" refers to cases who required a period in an institution for operative treatment or for rest and recuperation.

The subjoined table gives an analysis of cases and results of treatment:—

	Improved Treatment suspended.	Treatment continued into 1931.	Ceased attendance prematurely.	Transferred to Hospital.
"Pre-tuberculous" cases . (62)	20	23	17	2
Tuberculous Adenitis. (48)	22	13	12	1
Tuberculosis of Abdomen. (28)	7	12	5	4
Tuberculosis of bones and joints. (9)	5	2	2	—
Lupus and allied conditions. (13)	3	8	1	1
Other conditions. (1)	—	—	1	—
Total	57	58	38	8

The problem of the defaulter who ceases attendance against medical advice is being tackled with interest and sympathy. Many cases of default are due to home conditions, e.g., a mother with one or two young children at home cannot leave them unattended, while she comes to the Clinic for treatment either for herself or for another child; in such cases, every effort is made to accommodate the patients' requirements regarding hours of attendance, etc. There are other cases who, because they are slow in improving, lose enthusiasm or weary in well-doing and lapse into the category of defaulter, in such cases, the patients are encouraged to persevere, the importance of continuity of treatment is stressed, and they are earnestly exhorted to make a little extra endeavour for the present in view of a possible eventual cure.

The sources of Ultra-Violet Light used are the Quartz Mercury Vapour Lamp and the Carbon Arc Lamp. The Mercury Vapour Lamp is used chiefly for cases who are not considered

likely to require a lengthy course of treatment. The Carbon Arc Lamp is used chiefly for those cases whose cure will necessitate a long course of treatment with lengthy exposures to the Ultra-Violet Rays.

The results in those cases who persevere in attendance are really encouraging. The Clinic is one of the most useful means we have for maintaining and improving the standard of health in tuberculous cases, for rendering quiescent discrete and localised tuberculous lesions, and for improving the standard of health, and general powers of resistance of "pre-tuberculous" cases.

INSTITUTIONAL TREATMENT.—The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment is that far too many patients are not notified—and therefore do not receive institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 647 cases of pulmonary tuberculosis who died during the years 1922 and 1930:—

	No. of Cases.	Percentage of total deaths.
Notification first received from Registrar of Deaths.	90	13.9 p.c.
Death occurring within 1 month of notification.	92	14.2 p.c.
Death occurring within 1 to 3 months of notification.	98	15.1 p.c.
Death occurring within 3 to 6 months of notification.	77	11.8 p.c.
Death occurring within 6 to 12 months of notification.	53	8.1 p.c.

In the remaining 237 cases—36.7 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 55 per cent. of the deaths from pulmonary tuberculosis since 1922 occurred within six months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

INSTITUTIONAL ACCOMMODATION AVAILABLE FOR PAISLEY CASES. GOCKSTON HOSPITAL.—26 beds under the control of the Local Authority. This hospital serves as a "clearing house," where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge of Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1930 are as follows:—

In hospital at beginning of year, 22—11 males, 11 females.

Admitted during the year, 51—22 males, 29 females.

Deaths during the year, 23—9 males, 14 females.

CRAW ROAD INSTITUTION.—30 beds under the control of the Local Authority, acting for the joint owners, Renfrew County Council, Town Council of Glasgow, and Paisley Town Council. The Sanatorium wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed to set aside additional accommodation in the wards of the main hospital, and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; whenever beds in the Sanatorium wards are available, patients in the hospital wards are transferred there.

The principal figures for 1930 are as follows:—

In hospital at beginning of year, 35—14 males, 21 females.

Admitted during the year, 65—38 males, 27 females.

Deaths during the year, 17—8 males, 9 females.

BRIDGE OF WEIR SANATORIUM.—Under voluntary control. Only carefully selected "early" cases are sent to this Sanatorium and the results are usually very satisfactory.

The principal figures for 1930 are as follows:—

In hospital at beginning of year, 15—8 males, 7 females.

Admitted during the year, 18—7 males, 11 females.

Deaths during the year, nil.

BIGGART MEMORIAL HOME, PRESTWICK.—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for open-air treatment under close medical supervision; in most cases, excellent results are obtained. During 1930, 5 cases were admitted.

PEESWEEP SANATORIUM.—18 beds under voluntary control. This is a most admirable institution maintained by the large thread mills for the benefit of their female employees, and, under the medical supervision of Dr Joshua Ferguson, excellent work is carried on. The Institution is very popular among the workers and, as a result, the accommodation is practically always fully utilised, only 2 new cases for Paisley being admitted during 1930.

PROPOSED JOINT COUNTY SANATORIUM.—At the present time tenders for the erection of this institution are being invited, and,

when these have been lodged, the Local Authorities concerned will finally decide whether or not to proceed with the work. It is sincerely to be hoped that the Joint Sanatorium will be proceeded with as soon as possible. It will provide primarily for cases of non-pulmonary or "surgical" tuberculosis, and the modern treatment of such cases in a special institution such as is proposed at Lochwinnoch, would undoubtedly justify the expenditure involved.

STAFF CHANGES.

The resignation of Dr. Janet Higgins, already referred to in the section dealing with the Maternal and Child Service, enabled a very desirable re-organisation of the work under the Tuberculosis Scheme to be carried out. Dr. Charles M. Whiteford was appointed Clinical Tuberculosis Officer and is now responsible for all the clinical work under the Scheme, which formerly was divided between three medical officers. Dr. Whiteford visits and examines all newly notified cases, is responsible for their treatment in Gockston Hospital and in Craw Road Institution, and carries out the work in the X-Ray and Artificial Sunlight Clinics and at the Tuberculosis Dispensary. The advantages of such continuity of medical supervision are obvious, and have already been appreciated by the patients and their friends.

Nurse Lobban, who had been in charge of the X-Ray and Artificial Sunlight Departments at the Russell Institute since 1927, resigned in October, 1930 and was succeeded by Nurse Campbell, who has fully maintained the high standard of work of her predecessor.

Sincere thanks are once again due to all the members of the Tuberculosis Staff for their excellent record of work during the year.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows:—

- (1) FACILITIES FOR LABORATORY DIAGNOSIS.—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.
- (2) SUPPLIES OF SALVARSAN, ETC., are available free of charge for the use of duly qualified medical practitioners.
- (3) CLINIC FOR OUTDOOR CASES AT CRAW ROAD INSTITUTION.
- (4) WARD ACCOMMODATION IN CRAW ROAD HOSPITAL.
- (5) EDUCATIONAL AND PUBLICITY CAMPAIGN.

LABORATORY DIAGNOSIS.—During the year, 379 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total, 223 specimens came from the Municipal Clinic, and the indoor wards, and 156 specimens from medical practitioners. The staff at the Clinic examined 983 specimens, and 146 specimens were examined at the laboratory at the Fever Hospital. Total examinations, therefore, numbered 1,508, a record total.

SUPPLIES OF SALVARSAN, ETC., TO MEDICAL PRACTITIONERS.—283 doses were supplied during the year to eleven medical practitioners.

MUNICIPAL CLINIC FOR OUTDOOR CASES.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, a part-time clerk, and 2 part-time Nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients while the clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1930:—

(1) No. of New Cases, 232.

		Syphilis.	Gonor- rhœa.	Soft Sore.	Mixed Infections.	Balan- itis.	Other Diseases.
Males, ...	...	24	96	6	13	5	18
Females,	...	13	39	—	5	—	13
		<hr/> 37	<hr/> 135	<hr/> 6	<hr/> 18	<hr/> 5	<hr/> 31

(2) Total attendance, 14,439.

Males,	...	1,301	8,782	1	1,311	37	103
Females,	...	556	1,821	—	507	—	20
		<u>1,857</u>	<u>10,603</u>	<u>1</u>	<u>1,818</u>	<u>37</u>	<u>123</u>

(3) Average daily attendances, 40.1.

(4) Cases from outwith Paisley, 73.

Johnstone, 12; Renfrew, 12; Kilbarchan, 11; Greenock, 9;
Glasgow, 6; Port-Glasgow, 3; Barrhead, 3; Ayrshire, 3;
Elderslie, 2; Howwood, 2; Bishopton, 2; Neilston, 2;
Renfrew County, 6.

(5) Laboratory Work.

Specimens examined by Staff of Clinic, ...	...	983
Specimens sent to Glasgow Laboratory, ...	...	223
		<u>1,206</u>
Total, ...	...	1,206

As compared with 1929, new cases showed a decrease of 18. New case of syphilis, 37, were below the average number, while new cases of gonorrhœa, 135, were above the average number. The increase in cases of gonorrhœa among women was a marked feature, 39 new cases presenting themselves for treatment; this is the highest number of female cases yet recorded, and is probably mainly accounted for by the extra evening clinic for female patients opened in January, 1930. Total attendances once again reached a record total, 14,439, a welcome indication, as I have already pointed out, that the public are becoming educated to the benefits of, and the necessity for, sustained treatment for these diseases. The average daily attendances also set up the record figures of 40.1, as compared with 37.9 for 1929, 30.2 for 1926, and 21 for 1923; this figure probably affords the fairest index of the progress of the work. The number of laboratory specimens examined by the staff was also the highest on record; this work chiefly carried out by Mr. McGeechan, the experienced male orderly, saves the Local Authority an appreciable sum of money each year.

During the past eight years the number of new cases has kept remarkably steady; in the case of syphilis, the average number is 49, and for gonorrhœa, 119. It is satisfactory to note that the new evening clinic and treatment sessions for female patients opened in January, 1930, have resulted in attracting an increased number of women for necessary treatment.

HOSPITAL ACCOMMODATION FOR INDOOR CASES.

A ward of 13 beds is available for acute cases in Craw Road Hospital, four of the beds being reserved for patients from Greenock.

During 1930, 61 patients received treatment, as compared with 62 during 1929; the average number for the past eight years is 54. Of the total, 41 were Paisley cases, 10 were Greenock cases, 3 were Renfrew cases, and Johnstone, Elderslie, Kilbarchan, Howwood, Neilston, Giffnock, and Glasgow each contributed 1 patient.

A welcome feature of the work in these wards was that 10 infants were born there during the year; apparently, the public are gradually becoming educated as regards the striking success which attends the treatment of syphilis in pregnant women.

The lamented death of Dr. Hugh Donald in August, 1930, deprived the Local Authority of the services of a Clinical Medical Officer, whose Clinical skill and striking personality ensured the success of the V.D. Scheme right from its inception. He took the keenest interest in the work, administrative as well as clinical, and his very wide experience was freely taken advantage of by the medical practitioners in the area.

Dr. Charles M. Whiteford, appointed Depute Medical Officer of Health in October, 1930, now acts as Clinical Medical Officer, and conducts the four clinic sessions held each week. Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of the patients in the Indoor Wards.

To Dr. George Millar, and Dr. Margaret Hamilton, Resident Medical Officer at Craw Road Institution, who carried on the work during Dr. Donald's long illness, I have to record my sincere thanks, and I have again to acknowledge my continued indebtedness to the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.

The information given in this new section of the Report is in accordance with the instructions of the Department of Health for Scotland, and is required in connection with the re-organisation of health services under the Local Government (Scotland) Act, 1929.

As regards the transfer of Poor Law functions, the Administrative Schemes of the Local Authority provide that the following transferred services shall be administered by the Public Health Committee:—

- (1) Poor Law (Scotland) Act, 1845, so far as relating to medical and hospital treatment and nursing of sick poor, and the care of children in special institutions.
- (2) Vaccination (Scotland) Acts, 1863 to 1907.
- (3) Lunacy (Scotland) Acts, 1857 to 1919, as regards the institutional care and treatment of lunatics and mental defectives.

The Local Authority's Scheme for Public Assistance includes the following clause:—

“The assistance to which Sub-Section (4) of Section 14 of the Act applies shall be provided exclusively by virtue of the Act or Acts under the heading of which the service is set out and not by way of Poor Relief in the following instances:—

- (a) Midwives (Scotland) Act, 1915.
Midwives & Maternity Homes (Scotland) Act, 1927.
Notification of Births Acts, 1907 and 1915.
Maternity and Child Welfare Act, 1918.
The provision made for the health of expectant mothers, nursing mothers, and children under 5 years of age.
- (b) Blind Persons Act, 1920.
The provision of domiciliary assistance to unemployed blind persons.”

Pending the result of negotiations with Renfrew County Council and the Corporation of Glasgow, the administration of the transferred Institutions, Riccarton Mental Hospital, Craw Road Institution, etc., is in the hands of the Provisional Local Government Act Committee.

HOSPITAL SERVICES.

I subjoin particulars of the institutional services available in the area:—

A.—Voluntary Hospitals—

- (1) **Royal Alexandra Infirmary, Paisley**—Provides 200 beds for general medical and surgical cases. There is also a casualty and out-patient department.
- (2) **Royal Victoria Eye Infirmary, Paisley**—Provides 16 beds for eye cases. There is also an out-patient department.
- (3) **Gleniffer Home for Incurables, Paisley**—Provides 24 beds for incurable cases.
- (4) **Peesweep Sanatorium, near Paisley**—This is a small sanatorium of 18 beds, maintained by the large Paisley Thread Mills for the benefit of their female employees.
- (5) **Sanatoria of Scotland, Bridge-of-Weir**—On an average, 12-15 beds in this sanatorium are occupied by early cases of Tuberculosis from Paisley.

B.—Local Authority Hospitals—

- (1) **Infectious Diseases Hospital, Paisley**—Under the control of the Corporation of Paisley. Official accommodation is 108 beds, but the number of available beds may be taken as 140. With the exception of Smallpox cases, all infectious diseases are treated.
- (2) **Gockston Tuberculosis Hospital, Paisley**—Under the control of the Corporation of Paisley. Provides 30 beds for cases of Pulmonary Tuberculosis in all stages.
- (3) **Barshaw Maternity & Child Welfare Hospital, Paisley**—Under the control of the Corporation of Paisley. Provides 40 beds—30 beds for maternity cases, and 10 beds for children. There is also one Ante-Natal Clinic weekly, for patients referred by medical practitioners.
- (4) **County Smallpox Hospital, near Johnstone**—Under the control of a Joint Committee of the Local Authorities in the County of Renfrew. Provides 32 beds for cases of Smallpox.
- (5) **Craw Road Institution, Paisley**—At present under the management of the Corporation of Paisley, on behalf of the joint owners, the Town Council of Glasgow, Renfrew County Council, and the Town Council of Paisley.

This is a large “mixed” institution of 803 beds, allocated as follows:—

Hospital Wards,	...	...	142 beds.
(Including 12 beds for V.D. cases).			
Special & Skin Ward,	...	...	12 beds.
Infirm Wards,	...	...	60 beds.
Sanatorium Wards,	...	...	27 beds.
Observation Wards,	...	...	12 beds.
Hospital for Aged,	...	...	41 beds.
Ordinary Wards,	...	...	389 beds.
Mental Wards,	...	...	120 beds.

- (6) **Auchentorlie House, Paisley**—Under same management as Craw Road Institution. Provides 70 beds—4 beds for unmarried mothers, and 66 beds for children, about half of which are occupied by sick children, chiefly medical cases.

- (7) **Riccartsbar Mental Hospital, Paisley.**—Under the same management as Craw Road Institution. Provides 279 beds for mental cases.
- (8) **Hawkhead House, Paisley.**—This is an adjunct of Riccartsbar Mental Hospital and provides 71 beds for mental cases who are fit for some work.
- (9) **Broadfield Certified Institution, near Port-Glasgow.**—Under the same management as Craw Road Institution. Provides 86 beds for mental defective cases.

Since the Local Government (Scotland) Act, 1929, came into operation, sufficient time has not elapsed to allow of any comprehensive review of the hospital services in the area. It is with some diffidence, therefore, that I subjoin a few brief comments on the present position of these services.

- (1) **Infectious Diseases Hospital.**—As already noted, the Local Authority have agreed to build a new Infectious Diseases Hospital, which, when completed, will replace the present inadequate and unsuitable accommodation.
- (2) **Accommodation for Tuberculosis.**—Gockston Hospital and Craw Road Institution provide sufficient hospital accommodation for cases of tuberculosis. As already pointed out, however, there is a deficiency of suitable accommodation for cases of non-pulmonary tuberculosis, for which the proposed new Joint County Sanatorium will primarily cater. Early cases of Pulmonary Tuberculosis, which are at present, sent to Bridge of Weir Sanatorium when there is available accommodation, would also be treated in the County Sanatorium.
- (3) **Maternity Hospital Accommodation.**—Barshaw Hospital provides 30 beds for maternity cases but, as already referred to in this Report, extra beds are required to meet the steadily increasing demand for such accommodation. It is a matter for serious consideration whether the increased accommodation required should be met by the erection of an annexe at Barshaw Hospital, or by some more ambitious scheme, possibly in co-operation with Renfrew County Council.
- (4) **General Hospital Accommodation.**—The Royal Alexandra Infirmary, a voluntary hospital, and Craw Road Institution, provide the available general hospital accommodation. As with practically all voluntary hospitals, the pressure on the accommodation in the Royal Alexandra Infirmary increases year by year, especially in the surgical wards. In 1926 total admissions numbered 2,696; in 1930, admissions numbered 3,460. The Directors fully realise the need for extension, and the main obstacle to increasing the accommodation is the uncertainty regarding meeting the expenditure involved in maintaining an extended Institution. The average waiting list for admission to the wards numbers about 60, a figure decidedly lower than that of most voluntary hospitals in the West of Scotland.

Up-to-date, the accommodation at Craw Road Institution has been quite adequate for the types of cases admitted there, although there is, of course, great pressure on that accommodation when such diseases as Influenza and

acute pneumonia become epidemic. It is doubtful, however, whether the present accommodation would be sufficient to allow of the treatment of many cases, apart from the sick poor.

The whole question of Institutional Accommodation in Renfrewshire is at present under consideration by the various Local Authorities. Recently a joint report on the question by the Medical Officers of Renfrew County Council and the Burghs of Port-Glasgow, Greenock and Paisley was submitted and is still under consideration.

- (5) **Accommodation for cases of Mental Disease and Mental Defectives**—The accommodation for the insane and mental Defectives at Riccartonbar Mental Hospital, Craw Road Institution, and Broadfield Certified Institution may be regarded as adequate for present requirements. The question of such accommodation is also dealt with in the Joint Report referred to in the previous paragraph.

AMBULANCE FACILITIES.

The ambulance facilities available in the area are as follows :—

- (1) **For Infectious Diseases**—One motor ambulance and one horse ambulance are available at the Infectious Diseases Hospital.
- (2) **For Non-Infectious and Accident Cases**—For such cases two motor ambulances are available at the Burgh Fire Station. These ambulances are purchased by the Board of Management of the Royal Alexandra Infirmary, who are also responsible for the cost of repairs and renewals. They are staffed by members of the Fire Brigade Staff, and the cost of maintenance is defrayed by the Town Council. In his latest Report, Captain Girdwood, the Burgh Firemaster, gives the following figures relative to this service:—

Total calls numbered 2,006, of which 238 were outwith the Burgh; night calls numbered 811. During the year there were only two days when the services of an Ambulance were not required. Total mileage was 6,956. Revenue amounted to £269 14s. 6d., including £164 17s. from private parties.



OUT-PATIENT MEDICAL SERVICES.

I subjoin a statement showing the various clinics, etc., provided by the Local Authority, by the Education Committee of Renfrew County Council, and by voluntary agencies.

A. Local Authority Clinics.

(1) Maternal and Child Welfare Scheme—

- (a) Clinics for nursing mothers and young children—7 sessions weekly.
 - (b) Ante-Natal Clinics for expectant mothers—3 sessions weekly.
 - (c) Post-Natal Clinic—1 session weekly.
- The above clinics are held at the Russell Institute, Paisley.
- (d) Ante-Natal Clinic—1 session weekly.

This clinic is held at Barshaw Maternity Hospital. Artificial Sunlight Treatment is available for all patients at the above clinics.

(2) Tuberculosis Scheme—

- (a) Tuberculosis Dispensary—2 sessions weekly.
- (b) X-Ray Clinic—2 sessions weekly.
- (c) Artificial Sunlight Clinic—1 session weekly.

The above clinics are held at the Russell Institute, Paisley.

(3) Venereal Diseases Scheme—

- (a) Clinic for male patients—2 sessions weekly.
- (b) Clinic for female patients—2 sessions weekly.

The above clinics are held at the Special Treatment Centre at Craw Road Institution, Paisley; the Centre is open for irrigations, dressings, etc., for certain hours daily, including Sunday.

B. Clinics provided for school children by the Education Committee of Renfrew County Council.

- (1) Minor Ailments Clinic—for minor ailments.
- (2) Special Treatment Clinic—for diseases of the eye, ear, nose, and throat.
- (3) Dental Clinic—this clinic is also open to mothers and children under the Maternal and Child Welfare Scheme of the Local Authority.
- (4) Remedial Exercises Clinic—for the treatment of minor deformities, orthopædic cases, etc.

All the above clinics are held at the Russell Institute, Paisley.

Co-ordination of Out-patient Medical Services—

Co-ordination of the out-patient medical services conducted by the Local Authority and by the Education Committee of Renfrew County

Council is secured by the following clause in the agreement between the two bodies :—

“Cases referred by one Authority to the clinics of the other Authority shall be charged for on the basis of the proportion of the number of cases referred—or the number of attendances—to the total number dealt with, as may be arranged between the Medical Officer of Health and the Chief School Medical Officer.”

C. Clinics, etc., provided by Voluntary Agencies.

- (1) Day Nursery, Storie Street, Paisley—A voluntary institution under the control of the Committee of the Hugh Smiley Day Nursery.
- (2) Play Centre, Great Hamilton Street, Paisley—A voluntary institution, opened in May, 1930, under the management of the House Committee of the Hugh Smiley Day Nursery.

MEDICAL CARE AND NURSING OF THE SICK POOR.

I subjoin a statement of the arrangements made for the medical care and nursing of the sick poor, including a note of any alterations made since the transfer of functions under the Local Government (Scotland) Act, 1929, or now in contemplation.

Domiciliary Arrangements—

The outdoor medical staff consists of four district medical officers, each of whom nominates a substitute to act in his absence. Another medical officer attends twice daily at the Public Assistance Office to certify applicants for relief. Where necessary, the Peter Brough District Nurses attend at the patients' homes. In exceptional cases, a trained nurse from Craw Road Institution is sent to stay at the patient's home and give the necessary care and treatment.

The administrative schemes of the Local Authority provide for the Public Health Committee being responsible for the appointment and work of the District Medical Officers. Formerly there was one Public Vaccinator; now the work is divided between the four district medical officers.

Institutional Arrangements—

Craw Road Institution provides institutional treatment for all the sick poor, with the exception of unmarried mothers and young children who are treated at Auchentorlie House.

The administrative schemes of the Local Authority provide for the administration of these Institutions being taken over by the Public Health Committee, but at present they are being administered by the Provisional Local Government Act Committee, pending the result of negotiations with Renfrew County Council and Glasgow Town Council, joint owners of the transferred institutions.

Formerly, there was one visiting medical officer to these Institutions. In October, 1930, the Local Authority decided that the work should be divided, and a Visiting Surgeon, Dr. George Millar, and a Visiting Physician, Dr. W. H. Gibson, were duly appointed. Arrangements were also made that the Clinical Medical Officer, who assisted the Resident Medical Officer, should become permanently resident in the Institution.

PART II.

STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1930.
Total number of Births (corrected),	1784
Number of Illegitimate Births (corrected),	103
„ Births in 1-roomed houses,	300
„ Births in 2-roomed houses,	645
„ Births in 3- or more roomed houses,	210
„ Births in 1-roomed houses where the parents were lodgers,	5
„ Births in 2-roomed houses where the parents were lodgers,	89
„ Births in 3-roomed houses where the parents were lodgers,	51
„ Births in Barshaw Hospital,	467
„ Births in Other Institutions,	90
„ Births in Caravans,	3
„ Premature Births,	62
„ Infants “breast-fed” at first visit,	1449
„ Infants “bottle-fed” at first visit,	146
„ Infants partly breast and partly bottle-fed at first visit,	25

STILL-BIRTHS DURING 1930—Total 86.

Probable Causes in 81 Cases.

Accidental Hæmorrhage, ... 6	Phthisis,	1
Congenital defects, ... 9	Post maturity,	1
Contracted pelvis, ... 4	Prematurity,	16
Cord round neck, ... 3	Prolapsed cord,	5
Cord knotted (true knot), ... 1	Placenta prævia,	2
Eclampsia, ... 2	Preeipitate labour,	2
Illness of mother during preg- nancy, ... 1	Ruptured uterus,	1
Instrumental delivery, ... 7	Twin pregnancy,	1
Malpresentations, ... 13	Venereal disease,	1
	Unknown cause,	5

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1930.
Number of Sessions,	111
Number of expectant mothers attending,	642
Total Attendances,	2364
Number of First Attendances,	568
Average attendance per session,	21

Sources from which Cases were drawn:—

1. Recommended by midwives,	37
2. Referred from doctors,	32
3. Unrecommended,	542

Classification of Conditions:—

Albuminuria,	69
Anæmia,	2
Bronchial Catarrh,	9
Cardiac Disease,	2
Chorea,	2
Contracted Pelvis,	46
Dental Caries,	42
Debility,	5
Doubtful Pregnancy,	14
Excessive Sickness,	22
Goitre,	3
Gynæcological Conditions,	2
Incomplete Abortion,	1
Multiple Pregnancy,	2
Malpresentation,	9
Minor Ailments,	335
Normal Pregnancy,	17
Not Pregnant,	5
Previous Ectopic Pregnancy,	1
Pyuria,	1
Retroverted gravid uterus,	3
Still-Births and Miscarriages,	12
Threatened Abortion and Miscarriage,	14
Tuberculosis,	2
Varicose Veins,	7
Venereal Disease,	13

80 cases were referred for treatment to the Ante-Natal Wards
at Barshaw Hospital.

THE RUSSELL INSTITUTE.

CLINICS FOR MOTHERS AND CHILDREN.

	1930.
Number of sessions,	307
„ new patients attending,	1,799
„ old patients re-attending,	1,314
Total attendances,	13,358
Average attendance per session,	43.51
Number of infants under 1 year attending,	5,310
„ children, 1-5 years, attending,	5,624
„ illegitimate children attending,	39

Methods of feeding of infants at first visit—

1. Breast,	604
2. Bottle,	230
3. Breast and bottle,	29
Children attending once only,	472
Children referred to Hospitals,	229
Number of nursing mothers attending,	620
Total attendances of nursing mothers,	2,424

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

Congenital Defects, ... 9	Intestinal parasites, ... 19
Debility, 416	Marasmus, 5
Dental Caries, 222	Mental Deficiency, ... 2
Digestive Disorders, ... 320	Prematurity and Birth
Diseases of the skin, ... 225	Debility, 62
Ear affections, 37	Respiratory disorders, ... 230
Genito urinary disorders, 2	Rickets, 62
Infantile paralysis, ... 1	Surgical conditions (ex-
Infectious diseases, ... 27	cluding Throat and
Throat and Nose disorders 155	Nose), 235
Eye affections, 32	Healthy Children, ... 414
Injury, 7	Tuberculosis, 11

B—Nursing Mothers—

Agalactia,	135
Gynaecological conditions,	3
Debility and minor ailments,	320
Mastitis,	2
Dental Caries,	4
Post encephalitis,	1
Healthy,	155

SUMMARY OF WORK AT DENTAL CLINIC.

	1924.	1925.	1926.	1927.	1928.	1929.	1930.
Total attendances, ...	1,159	1,100	1,028	1,040	867	1,128	1,223
Extractions,...	491	493	492	601	683	876	856
Dressings, fillings, etc.,	661	565	475	661	449	486	458
Number of new patients							
attending, ...	252	233	225	354	333	433	453

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1930.

General Report on the Working of the Act.

Total number of Midwives on roll. 23
Number of Midwives holding C.M.B. Certificate, 7

The Assistant Medical Officer paid 57 domiciliary visits to midwives throughout the year, and also had 23 personal interviews at the Public Health Office; she reports that in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 40, being 3 more than during the previous year; of these, 34 occurred in the practice of midwives. In 30 cases, smears were taken for bacteriological examination, of which 27 were in the practice of midwives. 20 cases were proved to be due to a gonococcal infection, of which 17 were in the practice of midwives. 10 cases were negative, all in the practice of midwives. In the remaining 10 cases, no smear could be obtained owing to the absence of any discharge. 183 domiciliary visits were paid to these cases by the Assistant Medical Officer and Health Visitors, while 5 severe cases were referred for expert treatment to the local Eye Infirmary. One severe case with unsuitable home conditions was treated as an in-patient in the Burgh Fever Hospital. No impairment of vision resulted in any case.

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

Births in Area.

Total number of births during 1930,	... 1,785
Total number of deaths of new-born children	
(within 10 days) during 1930, ...	... 67
Actual number of births attended by mid-	
wives during 1930, ...	... 697

Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1930,...	14
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Actual number of cases not attended by a doctor or midwife during 1930—

Births,	0
Deaths,	0

Cases of Ophthalmia Neonatorum.

Total number of cases during 1930, ...	40
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Actual number of cases occurring in the practice of midwives during 1930, ...	34
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Actual number of cases occurring where confinement not attended by a doctor or midwife during 1930, ...	0
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Cases of Puerperal Sepsis.

Total number of cases during 1930, ...	11
--	----

Total number of deaths during 1930, ...	2
---	---

Actual number of cases occurring in the practice of midwives during 1930, ...	5
---	---

Actual number of deaths occurring in the practice of midwives during 1930, ...	1
--	---

Actual number of cases occurring where confinement not attended by a doctor or midwife during 1930—

Cases,	...	...	...	...	0
Deaths,	...	...	...	...	0

Cases of Puerperal Pyrexia.

Total number of cases during 1930, ...	38
--	----

Total number of deaths during 1930, ...	4
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Actual number of cases occurring in the practice of midwives during 1930, ...	6
---	---

Actual number of deaths occurring in the practice of midwives during 1930, ...	1
--	---

Actual number of cases occurring where confinement not attended by a doctor or midwife during 1930—

Cases,	...	...	...	...	0
Deaths,	...	...	...	...	0

Cases of Still-Birth.

Total number of cases during 1930, ...	...	86
Actual number of cases occurring in the practice of midwives during 1930, ...	...	31

Cases of Emergency.

Number of cases in which medical practitioners were called in under Section 22 of the Act,	154
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BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

REPORT FOR YEAR ENDING 31st DECEMBER, 1930.

MATERNITY WARDS.

Number of admissions during 1930,	611
Ante-Natal,	162
Natal,	381
Post-Natal,	2
Abortions,	62
Not pregnant,	4

Of the above 611 admissions, the number from out-
with the Burgh was, 42

Average daily number of patients in residence:—

January,	25.8	} 24.8
February,	26.9	
March,	21.8	
April,	25.7	} 25.1
May,	26.1	
June,	23.6	
July,	20.2	} 21.7
August,	20.7	
September,	24.1	
October,	20.8	} 22.4
November,	22.8	
December,	23.7	

Source of cases admitted—

From Ante-natal Clinic at Russell Institute, 361

From medical practitioners—

Emergency cases,	...	...	...	157
Booked cases,	...	...	...	87
From other hospitals,	...	...	...	5
Emergency (not booked by Clinic or Doctor),	...	...	...	1
Total, ...				<hr/> 611

Ante-natal Clinic at Barshaw Hospital (for Doctors' cases only).

Number of patients sent by doctors (for consultation only),	...	...	...	42
Number of patients booked by doctors (for confinement),	...	...	...	87
Number of consultations with these booked cases,	...	...	...	87
Total number of consultations,	...	...	...	492
Number of consultants' visits to hospitals,	...	...	...	59
Major operations performed by consultant (abdominal operations),	...	...	...	15
Minor operations performed by consultant,	...	...	...	22
Consultations,	...	...	...	111
Receipts from patients during the year 1930,	...	...	...	£908 12s. 0d.

ANTE-NATAL COMPLICATIONS TREATED IN HOSPITAL.

Accidental hæmorrhage,	...	...	...	8
Albuminuria,	...	...	...	25
Albuminuria and pyuria,	...	...	...	6
Anæmia,	...	...	...	2
Breech presentation,	...	...	...	13
Bronchitis,	...	...	...	5
Burn,	...	...	...	1
Contracted pelvis,	...	...	...	11
Debility,	...	...	...	11
False labour,	...	...	...	30
Hydramnios,	...	...	...	1
Hyperemesis,	...	...	...	11

For Induction of Labour (owing to previous post-mature still-births),	...	...	1
Intestinal Obstruction,	...	...	1
For observation and examination,	...	...	8
Oedema,	...	...	3
Placenta prævia,	...	...	1
Pyelitis,	...	...	12
Sclerosis,	...	...	1
Threatened eclampsia,	...	...	1
Threatened premature labour,	...	...	1
Transverse presentation,	...	...	1
Uterine displacement,	...	...	1
Varicose veins,	...	...	8
Total,			163

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.—Normal Puerperium.

Condition.	Result.	No.
Accidental hæmorrhage.	Hæmorrhage arrested; dismissed well,	5
	Premature normal labour; child alive; N.P., ...	1
No. 507.	Concealed Accidental Hæmorrhage; extremely collapsed on admission; treatment for shock; miscarriage of six months' fœtus; N.P., ...	1
No. 519.	Breech presenting; leg pulled down; delivery completed manually; adherent placenta removed; child premature, still-born; N.P., ...	1
Albuminuria.	Urine cleared; dismissed well,	5
	Urine cleared; normal delivery (full time); child alive; N.P.,	6
No. 124.	Urine very slow to clear; normal delivery (full time); child only alive few minutes; N.P. slow convalescence; urine cleared slowly, ...	1
No. 13.	Urine very slow to clear (previous nephritis and hemiplegia); normal delivery (full time); child alive; N.P. urine cleared; general condition improved too,	1
No. 373.	Urine improved; later, albumen increased; induction of premature normal labour; child alive; N.P.; urine slowly cleared,	1
Nos. 186, and 426.	Urine improved; premature normal labour; child alive; N.P.,	2
Nos. 60, and 354.	Urine improved; premature normal delivery; child only alive some minutes; N.P.,	2
No. 385.	Urine improved; miscarriage; N.P.,	1
No. 199.	Urine improved; forceps delivery for contracted pelvis; manual removal of adherent placenta; child alive; N.P.,	1
No. 149.	Urine improved; normal delivery of live child; manual removal of adherent membrane; N.P., ...	1
No. 304.	Urine improved; premature onset of labour; 2 eclamptic fits; forceps delivery for contracted pelvis; manual removal of adherent placenta; child alive; N.P.; but haze of albumen persisted,	1
No. 248.	Premature normal labour soon after admission; child still-born; N.P. urine improved, ...	1

Ante-natal treatment—contd.

Condition.	Result.	No.
No. 428.	Premature labour soon after admission; 2 eclamptic fits during labour; child still-born; N.P. urine cleared,	1
No. 452.	Hæm albumen persisted; brow presentation; version failed; craniotomy; slight pyrexia (B.M.A. standard) in puerperium; urine cleared,	1
Albuminuria and pyuria.	Urine cleared; dismissed well,	3
	Urine improved; normal full term delivery; child alive; N.P.,	2
	Urine improved; forceps delivery for contracted pelvis; child alive; N.P.,	1
Anæmia.	Improved; dismissed well,	1
	Very profound anæmia; improved; left against advice,	1
Breech presentation.	Admitted for version only; version successful; dismissed well,	7
	Admitted for version; version successful; later, normal delivery; child alive; N.P.,	1
No. 235.	Admitted for version; version successful; later, sudden rupture of membranes, and pulseless cord found prolapsed; very large child; slight general contraction of pelvis; protracted dilatation; patient becoming distressed; foetal head perforated; version performed and child delivered as breech; still-born; N.P.,	1
No. 586.	Admitted for version; version performed but later child reverted to breech; manual delivery as breech; child alive, premature; N.P.,	1
Nos. 116, and 552.	Admitted for version; version failed; manual delivery of breech; child alive; N.P.,	2
No. 244.	Admitted for version; version failed; manual delivery of breech; child still-born; N.P. (large child; patient had been wrong in dates),	1
Bronchitis.	Condition improved; dismissed well,	2
	Condition improved; normal delivery; full term; child alive; N.P.,	1
	Condition improved; normal delivery (full term); child alive; puerperium slightly febrile due to asthma,	1
	Condition improved; miscarriage; N.P.,	1

Ante-natal treatment—contd.

Condition.	Result.	No.
Burn.	Admitted from Infirmary, recovering from large burn on leg; condition improved and healed well; normal full term delivery; child alive; N.P.,	1
Contracted pelvis. Nos. 234, and 392.	Normal full term delivery; child alive; N.P., ...	2
No. 204.	Forceps delivery; child alive; N.P.,	1
No. 295.	Protracted dilatation; forceps delivery; child still-born; N.P.,	1
No. 397.	Forceps delivery; child alive; manual removal of partially adherent placenta and membranes; N.P.,	1
Nos. 110, 410, 484, 534, and 549.	Cæsarean Section; child alive; N.P.,	5
No. 577.	Cæsarean Section; child alive; two small breast abscesses had to be incised; not notifiable pyrexia; only one temperature over 100 degrees,	1
Debility.	Improved; dismissed well,	5
	Improved; later, normal full term delivery; child alive; N.P.,	2
	Improved; later, premature normal delivery; child alive; N.P.,	1
	Improved; later, premature normal delivery; child alive 3 days; N.P.,	1
No. 100.	Improved; later, premature normal delivery of breech; child lived 2 days; temp. 100 degrees on 6th, 9th, and 10th days; laparotomy on 11th day,—large abdominal abscess found; died on 22nd day,	1
	Improved; later, premature normal delivery of twins; children alive for 2 days; N.P.,	1
False labour.	No further pains; dismissed well,	18
	Later; normal premature delivery; child alive; N.P.,	1
	Later; normal full term delivery; child alive; N.P.,	10
No. 287.	Later; normal full term delivery but partially adherent membrane had to be manually removed; child alive; N.P.,	1

Ante-natal treatment—contd.

Condition.	Result.	No.
Hydramnios. No. 582.	Acute hydramnios; membranes ruptured artificially; twin miscarriage; N.P.,	1
Hyperemesis.	Improved gradually; dismissed well,	10
	Improved slightly; later, normal full term delivery of child; adherent placenta and membranes removed; child alive; puerperium pyrexial from 2nd to 12th day,	1
For Induction of Labour. No. 170.	On account of previous post mature still-births; bougies inserted; normal premature delivery; child alive; N.P.,	1
Intestinal Obstruction. No. 497.	Very collapsed on admission; hæmatemesis; temporary obstruction of bowel; improved gradually; normal premature delivery (face presentation) child still-born; pyrexia on two occasions due to temporary intestinal obstruction in puerperium; dismissed well,	1
For Observation or Examination.	Presentation obscure; determined by examination under chloroform or by X-ray plate, ...	4
	Contracted pelvis. To have method of delivery decided,	3
	Supposed retroversion; uterus found to be in normal position,	1
Oedema. No. 396.	Marked oedema; very slight albuminuria; improved; normal full term delivery; child alive; N.P.,	1
No. 379.	Very marked general oedema and anæmia; slight albuminuria; considerable improvement; premature normal delivery; child alive; N.P.,	1
No. 453.	Considerable oedema; no albumen; improved; forceps delivery at term because of pelvic contraction; child alive; N.P.,	1
Placenta prævia. No. 485.	Admitted with slight hæmorrhage about 8th month; central placenta prævia diagnosed; rested for 5 days; hæmorrhage increasing; Cæsarean Section performed; child alive and healthy; pyrexia during puerperium; perulent vaginitis,	1
Pyelitis.	Improved with treatment; dismissed well, ...	9
No. 114.	Improved; normal full term delivery; child alive; N.P.,	1
No. 178.	Improved; normal premature delivery; child alive for 2 days only; N.P.,	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
No. 167.	Pyrexia on admission; improved; urine slowly cleared; normal delivery of child; child alive but later had 2 abscesses incised; very adherent degenerate placenta had to be removed manually; temp. 100.2 degrees on 4th day. Serum given; severe serum reaction; temperature settled on 13th day; general improvement; dismissed well,	1
Sclerosis. No. 213.	Spinal sclerosis; patient unable to walk; normal full term delivery; child alive; N.P., but no improvement in paralysis; refused to be transferred to medical ward for treatment; went home against advice,	1
Threatened Eclampsia. No. 579.	Considerable oedema and urine solid with albumen improved; no seizures; normal premature delivery under light chloroform anaesthesia; child alive; N.P.; urine cleared,	1
Threatened prema- ture labour.	Pains ceased with rest in bed; dismissed well,...	1
Transverse pre- sentation. No. 256.	Version to vertex on two occasions, but head remained movable; dismissed to report again before full term,	1
Uterine displace- ment. No. 265.	Retroversion corrected; dismissed well,	1
Varicose veins.	Improved; dismissed well,	1
	Improved slightly; left against advice,	1
	Improved; normal full term delivery; child alive; N.P.,	3
	Improved; forceps delivery at term because of pelvic contraction; child alive; N.P.,	2
No. 250.	General toxæmia also; improved; concealed accidental hæmorrhage; considerable shock during labour; normal delivery at term; child still-born; N.P.,	1
Total,		163
Patients admitted to Ante-Natal Ward and then found not pregnant,		4
Sent in as threatened abortion. No. 427.	Not pregnant; found to have erysipelas; transferred to Fever Hospital,	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
Sent in as Ectopic pregnancy. No. 143.	Not pregnant; uterus enlarged owing to presence of fibroid; dismissed, to arrange for operation,	1
Sent in as Doubtful pregnancy. No. 483.	Abdomen enlarged; amenorrhea for 7 months; no movements felt; uterus not enlarged; patient aged 40; early menopause; not pregnant,	1
Sent in as an Incomplete abortion. Degeneration in a fibroid tumour of the uterus. No. 374.	4 weeks previously patient had aborted and had been satisfactorily curetted; fibroid was diagnosed then and patient's doctor notified of this). She was sent in again as an "incomplete abortion." The hæmorrhage was found to be due to degeneration in the fibroid; removal of tumour per vaginam; later, hysterectomy performed. Normal convalescence,... ..	1

ANTE-NATAL WARDS.

Number of cases treated,	163
Number of maternal deaths,	1
Number of patients dismissed undelivered.	79
Number of patients delivered before dismissal,	80
Number of patients who aborted or miscarried before dismissal,	4
Number of still-births,	9
Maternal mortality rate for patients treated in Ante-Natal Ward (1 death),	0.6%
Maternal morbidity rate for patients delivered (5 pyrexias notified),	6.2%
Still-birth rate for cases delivered (9 still-births). ...	11.25%
Neo-Natal death rate for cases delivered (8 deaths), ...	10.0%

(Death of infant before 8th day.)

ABORTIONS AND MISCARRIAGES.

Type.	Result.	No.
Complete on admission.	No further hæmorrhage; N.P.,	1
Incomplete.	Completed; N.P.,	3
Incomplete.	Curetting; N.P.,	25
	Carneous mole; curetting; N.P.,	1
	Hydatid mole; curetting; one temperature on 3rd day; dismissed well,	1
	Curetting; pyrexia on 1st and 2nd day; dismissed well,	1
	Curetting; pyrexia on 5th and 6th days; dismissed well,	1
Inevitable.	Completed; N.P.,	7
	Carneous mole; miscarriage completed; N.P.,	1
	Accidental hæmorrhage; miscarriage completed; N.P.,	1
	Lateral placenta prævia; six months pregnant; considerable hæmorrhage; version through 2 finger os; limb of small foetus brought down; miscarriage completed; N.P.,	1
Inevitable.	Curetting; N.P. dismissed well,	2
Missed.	Became inevitable; completed; N.P.,	1
	Hæmorrhage continued; had to have curettage; N.P.,	1
	Ovum retained owing to extreme vaginismus; ovum removed from vagina under chloroform anæsthesia N.P.,	1
Threatened.	Hæmorrhage ceased; dismissed well,	9
	Later, became inevitable; abortion completed; N.P.,	4
	Later, became incomplete; curettage; N.P.,	1
Total		62

Miscarriage during treatment for other condition.

No. 385.	Albuminuria; miscarriage; urine cleared; N.P.,	1
No. 109.	Bronchitis and albuminuria; miscarriage; urine cleared; N.P.,	1
No. 582.	Hydramnios; membranes ruptured artificially; twin miscarriage; N.P.,	1

Abortions and Miscarriages.—Contd.

Type.	Result.	No.
No. 507.	Concealed Accidental Hæmorrhage; extremely collapsed on admission; treatment for shock; miscarriage of six months foetus; N.P., ...	1
	Total ...	66
Maternal deaths after abortion or miscarriage, ...		0
Puerperal septicæmia after abortion or miscarriage, ...		0
Puerperal morbidity after abortion or miscarriage, ...		2
No. 130.	Incomplete abortion; curettage; febrile on 1st and 2nd days only (B.M.A. standard); dismissed well on 10th day.	
No. 380.	Incomplete abortion; curettage; febrile on 5th and 6th days (B.M.A. standard); dismissed well on 15th day.	

ABNORMAL LABOURS.

Accidental hæmorrhage, ...	8
Breech presentation, ...	7
Brow presentation, ...	1
Contracted pelvis, ...	48
Eclampsia, ...	5
Hydramnios, ...	2
Hydrocephalus, ...	1
Occipito-posterior positions, ...	4
Placenta prævia, ...	4
Prolapse of cord, ...	4
Protracted dilatation, ...	5
Retention of membranes, ...	9
Retention of placenta, ...	5
Rigid perineum, ...	1
Twins, ...	8
Total, ...	112

DETAILS OF ABNORMAL LABOURS.

Condition.	Result.	No.
Accidental hæmorrhage. No. 540.	Moderate hæmorrhage; normal full term delivery; child alive; N.P.,	1
No. 607.	Moderate hæmorrhage; premature normal delivery; child alive; N.P.,	1
No. 576, and 600.	Moderate hæmorrhage; premature normal delivery; child alive few days only; N.P., ...	2
No. 357.	Moderate hæmorrhage; normal premature delivery of child, but 3rd stage abnormal; very adherent placenta removed manually; child alive; N.P.,	1
No. 68.	Moderate hæmorrhage; normal premature delivery; child still-born; N.P.,	1
No. 250.	Concealed hæmorrhage; extremely collapsed; treatment for shock; normal full term delivery; child still-born; N.P.,	1
No. 519.	Partially concealed hæmorrhage; breech presenting; leg pulled down; delivery completed; premature still-born child; N.P.,	1
Breech presentation. Nos. 400, 552, and 595.	Manual delivery (full term) of impacted breech; child alive; N.P.,	3
No. 116.	Manual delivery (full term) of impacted breech; episiotomy necessary; child alive; N.P., ...	1
No. 586.	Very small vulva; manual delivery necessary although child premature; child alive; N.P.,...	1
No. 244.	Attempts at version failed; manual delivery of impacted breech; child still-born; mature; N.P.,	1
No. 467.	Manual delivery of breech; premature still-born child (spina bifida); N.P.,	1
Brow presentation. No. 452.	Associated with malformation of uterus; version to vertex or breech impossible; craniotomy; child still-born, mature; temperature 100 deg.F. on two occasions; dismissed well, ...	1

Details of Abnormal Labours.—Contd.

Condition.	Result.	No.
Contracted pelvis.	Forceps delivery; child alive, mature; N.P. (includes one case admitted as "failed forceps"),	27
No. 82.	Forceps delivery and episiotomy; child alive, mature; puerperium febrile on account of pleurisy and pneumonia,	1
Nos. 199, and 397.	Forceps delivery; child alive, mature; manual removal of partly adherent placenta and membranes; N.P.,	2
Nos. 295, and 258.	Difficult forceps delivery; large child, head high and poorly flexed; child still-born, mature; N.P.,	2
No. 603.	Admitted as "failed forceps"; protracted dilatation; forceps delivery; child still-born, mature; N.P.,	1
No. 553.	Forceps delivery; child alive, mature; temperature elevated on 13th day due to threatened mastitis,	1
No. 389.	Forceps delivery; child alive, mature; temperature elevated slightly on 5th and 10th days,...	1
No. 96.	Forceps delivery; child alive, mature; perineum intact but vagina badly bruised; temperature 101 degrees F. on first three evenings of puerperium,	1
No. 304.	Forceps delivery; child alive, mature; puerperium febrile on account of thrombophlebitis (had had phlebitis in ante-natal period too); dismissed well on 32nd day,	1
No. 424.	Cæsarean Section; child alive, mature; N.P., ...	8
No. 288.	"Suspect" case with marked albuminuria; Cæsarean Section; child alive, mature; puerperium febrile due to mastitis and abdominal abscess,	1
No. 160.	Patient aged 43, 12th pregnancy, admitted owing to dystocia; uterus ruptured shortly after admission; Cæsarean Section and hysterectomy mature still-born child delivered; patient died at end of operation of hæmorrhage and shock,	1
Eclampsia.	"Suspect" case; not suitable for Section; protracted dilatation; craniotomy and episiotomy; puerperium febrile,	1
No. 233.	Admitted in labour; 5 fits before admission; 3 fits after admission; normal premature labour; child alive; N.P.,	1

Details of Abnormal Labours.—Contd.

Condition.	Result.	No.
No. 428.	Albuminuria and nephritis in ante-natal period; improved with treatment; became worse again just before delivery; 2 fits at onset of labour; normal premature labour; child still-born; N.P. urine cleared satisfactorily,	1
No. 304.	Albuminuria in ante-natal period; improved with treatment but was very persistent; 2 fits at onset of premature labour; forceps delivery owing to contracted outlet; child alive; N.P. but a trace of albumen persisted; referred eventually to own doctor on dismissal,	1
No. 81.	Admitted in labour; had had 2 fits at home; fitting on admission and had 1 more fit while being prepared for delivery; forceps delivery owing to contracted outlet; child alive 4 days; N.P.,	1
No. 67.	Had several fits at home; admitted in labour; no fits after admission; large child; uterine inertia; forceps delivery; child still-born, mature; manual removal of very adherent placenta and membranes; N.P. but involution very slow,	1
Hydramnios.	Acute hydramnios; membranes ruptured artificially; premature normal delivery of anencephalic foetus; N.P.,	1
No. 285.		
No. 406.	Acute hydramnios (patient with advanced pulmonary tuberculosis); membranes ruptured artificially; premature normal delivery of hydrocephalic foetus; N.P. transferred to Sanatorium,	1
Hydrocephalus.	Admitted in labour as "failed forceps" case; cervix and perineum ruptured on admission; head perforated; post-mature still-born child delivered with aid of pressure on fundus of uterus; N.P.,	1
No. 592.		
Occipito-posterior position.	Admitted in labour; forceps delivery with rotation of head at end of delivery; child alive, mature; N.P.,	1
No. 557.		
No. 382.	Admitted in labour; occiput rotated by forceps; forceps reapplied; episiotomy; child alive; mature; N.P.,	1
No. 555.	Admitted as "failed forceps" case; occiput rotated by forceps; forceps reapplied; child alive, mature; N.P.,	1

Details of Abnormal Labours.—Contd.

Condition.	Result.	No.
No. 422.	Protracted dilation; occiput rotated by forceps and delivered; child alive, mature; pyrexia in puerperium (sapraemia),	1
Placenta prævia. No. 240.	In labour; moderate hæmorrhage on admission; lateral placenta prævia; normal delivery; child alive, mature; N.P.,	1
No. 152.	In labour; considerable hæmorrhage on admission; marginal placenta prævia; foot brought down; spontaneous delivery later; child still-born, premature; N.P.,	1
No. 12.	In labour; moderate hæmorrhage on admission; lateral placenta prævia; foot brought down; later, spontaneous delivery of anencephalic fœtus; puerperium normal except for temperature of 101 deg.F. on 2nd evening,	1
No. 485.	Not in labour; moderate hæmorrhage; hæmorrhage diminished with rest in bed; Cæsarean Section; child alive (premature); pyrexia in puerperium due to abscess near wound and purulent vaginitis (gonorrheal),	1
Prolapse of cord. No. 399.	Cord pulseless on admission; normal delivery; child still-born, mature; purulent vaginitis; transferred to special hospital (V.D.),	1
No. 125.	Prolapse of cord and hand on admission; cord pulsating; rupture of membranes before full dilatation; version done as soon as possible; leg brought down and delivery completed; child still-born, mature; N.P.,	1
No. 583.	Prolapse of pulsatile cord on admission; some contraction of pelvis; protracted dilatation; forceps delivery; child still-born, mature; N.P.,	1
No. 325.	Elderly multipara; large child; premature rupture of membranes and prolapse of pulseless cord; head perforated; version, and foot brought down; delivery of mature still-born child; N.P.,	1
Protracted dilatation. No. 279.	Protracted dilatation (3 days in labour); outlet slightly narrow forceps delivery; child alive, mature; N.P.,	1
No. 491.	Admitted in labour; breech presenting; protracted dilatation (3 days in labour); manual delivery of impacted breech (legs had to be brought down); child mature; only alive for 3 minutes; N.P.,	1
No. 326.	Protracted dilatation (3 days in labour); outlet contracted; forceps delivery and episiotomy; child mature, still-born; N.P.,	1
No. 589.	Protracted dilatation (2 days in labour); cervix extremely rigid; owing to condition of mother and child forceps delivery had to be attempted before full dilatation; cervix had to be divided anteriorly; forceps delivery and episiotomy; child still-born, mature; N.P., but involution slow,	1

Details of Abnormal Labours.—Contd.

Condition.	Result.	No.
No. 404.	Protracted dilatation (2 days in labour); outlet narrow; forceps delivery; child alive, mature; patient died from shock and post-partum hæmorrhage,	1
Retention of membranes.	Normal delivery of mature live child but part of membranes had to be removed manually; N.P.;	9
Retention of placenta.	Normal delivery of mature live child but placenta and membranes retained and had to be removed manually; N.P.,	2
Nos. 302, and 324.		
No. 32.	Normal delivery of mature live child but adherent placenta and membranes had to be removed manually; pyrexia in puerperium to sapræmia and mastitis,	1
No. 42.	Hyperemesis and general toxæmia persisted throughout pregnancy; normal delivery of mature live child; very adherent placenta and membranes removed manually; puerperium febrile from 2nd till 12th day,	1
No. 167.	Pyrexia in pregnancy due to pyelitis; normal delivery of mature live child; very adherent placenta removed; pyrexia in puerperium accentuated by severe serum reaction, ...	1
Rigid perineum.	Episiotomy performed; normal delivery of large child, alive, mature; N.P.,	1
No. 281.		
Twins.	Normal delivery of twins both vertex presentation; premature children, both alive; N.P.,	3
	Normal delivery of twins; 1st vertex presentation; 2nd breech presentation; both children alive; N.P.,	2
	Normal delivery of twins; both breech presentations; premature children; both alive; N.P.,	1
	Normal delivery of first twin; uterine inertia; version to breech of 2nd twin; both children alive, mature; N.P.,	1
	Large twins slight pelvic contraction forceps delivery of 1st child; 2nd child delivered as breech; both mature, alive; N.P.,	1
Total,		112
Total number of deliveries.		459
Full term,		375
Premature,		84
No. of abnormal deliveries,		112
Forceps rate (50),		10.9%
Cæsarean section rate (11),		2.4%
Version rate (13),		2.8%
Craniotomy rate (3),		0.6%
Death rate (for abnormal deliveries), (2),		1.8%
No of spontaneous deliveries		347

Presentations :—					8
Breech,					1
Face,					336
Vertex (occiput anterior), ...					2
Vertex (occiput posterior),					
No. of spontaneous deliveries at which medical assistance					257
was not required,					90
No. of spontaneous deliveries with medical assistance,					
No. of deaths in spontaneous deliveries (Breech with					1
medical assistance) Case No. 100					
Conditions requiring medical assistance at spontaneous					
delivery					2
Anæsthesia,					3
Still births					4
Breech (with anæsthetic),					74
Perineal repair,					7
Vaginal repair,					
No. of cases of twins					8
Full term					3
Premature,					5
Live infants					16
Still infants,					0
Total number of infants born,					467
Live infants,					432
Still infants,					35
Causes of Stillbirths :—					
Asphyxia due to intra-uterine hæmorrhage,					6
Accidental hæmorrhage,					4
Placenta prævia,					1
Ruptured uterus,					1
Congenital malformation,					4
Anencephaly,					2
Hydrocephalus,					1
Spina bifida,					1
Cord tightly round neck,					2
Cord knotted (true knot),					1
Dystocia,					9
Brow presentation,					1
Difficult breech delivery,					1
Difficult forceps delivery,					1
Hydrocephalus,					1
Protracted dilation and difficult forceps de-					
livery,					5
Eclampsia,					1
Precipitate labour,					2
Prematurity,					5
Post-maturity,					1
Prolapse of cord,					4

 Total, ... 35

Number of deaths of infants under 8 days,	...	...	26
Causes of deaths of infants under 8 days:—			
Congenital malformation,	...	...	1
Congenital debility,	...	...	1
Cerebral hæmorrhage,	...	...	3
Hæmatemesis and melæna,	...	...	1
Prematurity,	...	...	11
Prematurity (twin),	...	...	4
Prematurity and convulsions,	...	...	3
Prematurity and multiple hæmorrhages,	...	...	1
Prematurity and hydrocephalus,	...	...	1
Total,			26

Maternal mortality rate for total number of admissions, 0.8%
(5 deaths in 611 cases).

Maternal morbidity rate for total number of deliveries, 4.6%
(21 pyrexias in 459 deliveries).

Maternal morbidity rate for normal deliveries, ... 3.4%
(12 pyrexias in 347 normal deliveries).

Maternal morbidity rate for abnormal deliveries, ... 8.0%
(9 pyrexias in 112 abnormal deliveries).

Stillbirth rate for total number of children born, ... 7.5%
(35 stillbirths in 467 births).

Neo-Natal death rate for total number of children born, 6.0%
(26 deaths in 432 live births).

POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Threatened eclampsia. No. 43.	No fits developed; albuminuria soon cleared up; N.P.,	1
Eclampsia. No. 145.	4 fits before admission to hospital; 2 fits after admission; urine soon cleared; N.P.,	1
	Total,	2

MATERNAL DEATHS, 5.

- No. 100. Abdominal abscess; death on 22nd day of puerperium. Age 45. 6th pregnancy. Admitted ante-natally owing to general debility. Premature onset of labour,—knee presentation. Normal delivery as breech; feeble child, only lived two days. Patient complained of abdominal pain and weakness from delivery; temperature 99 degrees; pulse normal; diarrhoea; mass felt in abdomen—suspected fibroid or ovarian cyst. On the 10th day the temperature rose to 100 degrees F. P. 104. R. 20. Laparotomy was performed next day. There was a large collection of pus in the abdomen, but the source of this pus could not be found. The uterus was well involuted and the tubes normal. A considerable amount of pus was evacuated and the patient was more comfortable for the next few days. Five days after the operation, however, the temperature rose to 101.2 degrees F. P. 120. R. 36. and the patient became gradually weaker from this date and died six days later.—on the 22nd day of puerperium.
P.M. examination:—Uterus and tubes found to show normal post-mortem appearance; there was some pus in the abdominal cavity; general peritonitis; no appendix was found. It was considered that the original cause of death had probably been an appendix abscess. Organisms found in swabs taken from abdomen and pelvis were *B. pyocyaneus* and *B. lactis aerogenes*.
- No. 288. Contracted pelvis; dystocia; rupture of uterus. Age 43. 12th pregnancy; contracted pelvis; large child; 12 hours in labour before admission; uterus ruptured soon after admission; attempt to extract child by forceps failed; Cæsarean Section: still-born child delivered; hysterectomy; patient died of hæmorrhage and shock.—4 hours after admission.
- No. 404. Post-partum hæmorrhage and shock. Age 29. 1st pregnancy. Protracted dilatation (2 days in labour) considerable exhaustion, outlet narrow; forceps delivery; child alive, mature; patient died from shock and post-partum hæmorrhage.
- No. 306. ?Concealed accidental hæmorrhage. Age 40. 7th pregnancy. Moribund on admission; history of sudden pain and collapse at home; slight vaginal hæmorrhage; no foetal heart heard; died undelivered 20 minutes after admission.
- No. 605. Eclampsia. Age 32. 1st pregnancy. Unconscious on admission; labour commencing; no fits; did not respond to treatment; died undelivered 3 hours after admission.

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard). . . . temperature reaching 100 degrees F. or more, on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever,	0
Number of cases of puerperal morbidity (B.M.A. standard),	21
Number of cases of puerperal morbidity in which delivery was abnormal,	9

Brief details of puerperal morbidity in cases with operative interference.

Operation.	Remarks.
Caesarean Section. No. 485.	Central placenta prævia; ; live premature child; puerperium febrile from 2nd to 10th day; temperature never higher than 101.2 degrees. Purulent discharge from wound on 9th day; accompanied by purulent vaginal discharge; swabs from both G.C. positive; dismissed well on 37th day.
Craniotomy. No. 160.	Contracted pelvis. "Suspect case." Craniotomy and episiotomy; temperature over 100 degrees on 4th, 6th, 7th, and 9th days; dismissed well on 24th day.
No. 452.	Brow presentation, associated with malformation of uterus; version to vertex or breech impossible; craniotomy; child still-born, mature; temperature 100 degrees F. on two occasions; dismissed well on 19th day.
Forceps delivery. No. 82.	Contracted outlet; forceps delivery and episiotomy; child alive; bronchitis on admission; puerperium febrile from 1st to 6th day. . . pneumonia and pleurisy present; temperature elevated again from 12th to 16th day. . . dismissed well on 49th day. . . delayed resolution.
Forceps delivery. No. 96.	Contracted outlet; difficult forceps delivery; child alive; perineum intact but vagina badly bruised; temperature 101 degrees F. on first three evenings of puerperium; dismissed well on 12th day.
Forceps delivery. No. 364.	Contracted outlet; forceps delivery; child alive; vaginal laceration; temperature 100 degrees F. on 5th, 7th, 8th and 10th evenings on account of thrombophlebitis in both legs (had had phlebitis in ante-natal period too). . . dismissed well on 32nd day.
Manual removal of placenta and membranes. No. 32.	Normal delivery of live child; placenta and membranes partly adherent; sapraemia; temperature above 100 degrees F. from 3rd to 11th days; on 19th day developed mastitis. . . subacute condition, not pyrexial but was slow in clearing up; dismissed well on 49th day.
Manual removal of placenta and membranes. No. 42.	(Hyperemesis in ante-natal period); normal delivery of live child; very adherent placenta and membranes removed; puerperium febrile from 2nd till 12th day; dismissed well on 23rd day.
Manual removal of placenta and membranes. No. 167.	Pyelitis of pregnancy; normal delivery of live child; removal of extremely adherent placenta; temperature 100.4 degrees on 4th day, remained elevated until 11th day, accentuated by severe serum reaction; dismissed well on 26th day.

Puerperal Morbidity.—Contd.

Number of cases of puerperal morbidity (B.M.A. standard)
in which delivery was spontaneous, 12

Operation.	Remarks.
Abscess in region of left hip (old steompelitis). No. 150.	Suffering severe pain in hip on admission; T. 103 degrees, P. 140, R. 18 before delivery; premature normal labour; T. 103.6 degrees, P. 136, R. 28 after delivery; pyrexia diminished on 4th day; pain relieved then by fixation of joint; but pyrexia recurred on 10th day. . . . transferred to surgical ward of infirmary on 17th day.
Asthma and bronchitis in ante-natal and post-natal periods.	T. 100.8 degrees, P. 112, R. 24 just before delivery. Temperature normal until 5th day of puerperium when it rose to 100. degrees, P. 104, R. 28 owing to another attack of asthma. Temperature settled on 8th day.
Breasts engorged and purulent vaginitis. No. 417.	Temperature 100.6 degrees on 3rd and 4th days; settled on 6th day; later, purulent vaginitis discovered; T. 100 degrees on 14th day; dismissed well on 20th day.
Delayed involution. No. 77.	T. 102 degrees, P. 132, R. 24 on 2nd day, 100 degrees on 4th day and 102.2 degrees on 6th day, settled on 7th day. Uterus slow to involute, lochia profuse, not heavy, dismissed well on 13th day.
Delayed involution. No. 347.	T. 103 degrees on 4th and 6th days; settled on 7th day. Lochia heavy; uterus high. Serum given on 4th day; dismissed well on 15th day; no serum reaction.
Delayed involution. No. 493.	T. 100.2 degrees on 4th day; T. 100 degrees on 6th day; temperature settled on 9th day; uterus slow to involute, lochia heavy; dismissed well on 17th day.
Intestinal obstruction. No. 497.	Semicomatose on admission; hæmatemesis; very ill for five days; premature delivery of face presentation; T. 103.2 degrees, P. 127, R. 24 on 3rd day, T. 101.8 degrees, P. 108, R. 32 on 5th day due to temporary obstruction and T. 103.2 degrees, P. 128, R. 32 on 8th day; otherwise normal; dismissed well.
Placenta degenerate and fibroid in uterus. No. 38.	T. 105 degrees, P. 140, R. 24 on 5th day. T. 102.4 degrees on 6th day, settled on 7th day but had temperature 100.4 degrees on 12th and 13th days. Some abdominal pains; uterine and lochia normal; fibroid palpable but not painful; dismissed well.
Placenta degenerate and membranes deficient. No. 247.	T. 100 degrees on 2nd day then fell until 7th day T. 100.3 degrees, P. 148, R. 22. Temperature gradually fell until it was normal on 11th day. Uterine slow to involute; lochia scanty; serum given on 7th day; no serum reaction; dismissed well.
Toothache. No. 94.	T. 103.6 degrees on 3rd evening; T. 101.6 degrees on 4th morning due to severe toothache; temperature normal on 4th evening.
Vaginal bruising. No. 398.	T. 103.2 degrees on 1st evening, 104.4 degrees on 2nd evening, T. 101 degrees on 5th day; considerable bruising of vagina; serum given on 2nd day; vagina cleared up well; temperature settled on 5th day; no serum reaction.

Puerperal Morbidity.—Contd.

Operation.	Remarks.
Vaginal bruising and œdema of vulva. No. 464.	T. 100.2 degrees on 1st evening, T. 102 degrees on 2nd day, settled on 5th day. Serum given on 2nd day ; . . . slight localised serum rash on 11th day. . . . isolated temperature 102.4 degrees ; vagina and vulva improved quickly.

PUBLIC HEALTH (PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

In these regulations, the standard of pyrexia is defined as 100.4 degrees F., continuing or recurring within 24 hours, during the first twenty-one days after delivery.

Total number of cases of puerperal pyrexia notified, ... 25

Number of cases of puerperal pyrexia after abnormal delivery, ... 11

Number of cases of puerperal pyrexia after normal delivery, ... 14

Brief details of cases of puerperal pyrexia after abnormal delivery :—

Operation.	Remarks.
Nos. 32 42 82 96 160 167 485	Details already given under B.M.A. standard of pyrexia.
No. 422.	
No. 424.	
No. 553.	
No. 574.	
	Protracted dilatation ; forceps delivery of persistent occipito-posterior position. Temperature 102.2 degrees on 13th and 14th days and 102 degrees on 22nd day. Delayed involution ; herpes facialis ; serum given ; no serum re-action ; thick chocolate coloured lochia for some days but no pelvic lesion found ; dismissed well.
	Contracted pelvis ; severe albuminuria ; in labour on admission ; "suspect case" but pelvis so contracted that even craniotomy seemed impossible ; lower uterine section operation ; pyrexia from 19th to 27th days ; considerable discharge from abdominal wound ; breast abscess incised ; dismissed well.
	Contracted pelvis ; forceps delivery ; puerperium normal until 13th day. . . . T. 101 degrees due to threatened mastitis. . . . temperature normal next day.
	Contracted pelvis ; forceps delivery ; temperature 101.6 degrees on 10th day due to threatened mastitis ; temperature normal next day.

Public Health.—Contd.

Brief details of cases of puerperal pyrexia after normal delivery:—

Operation.	Remarks.
Nos. 38 77 94 150 247 347 398 417 464 497	Details already given under B.M.A. standard of pyrexia.
No. 100.	Ante-Natal debility. . . . premature labour. . . . normal delivery of breech; T. 100 degrees on 6th, 9th, and 10th days. . . . abdominal pain and tenderness; mass felt in abdomen. . . . fibroid tumour or ovarian cyst suspected. Laparotomy performed on 11th day. . . . pus evacuated; source of abscess not determined. temperature rose again on 15th day; died on 22nd day of puerperium.
No. 195.	Protracted dilatation but dilatation painless. T. 103 degrees on 9th day and 102.4 degrees on 10th day. . . . serum given. . . . no serum reaction followed. Pyrexia seemed due to chill contracted on first getting up. Dismissed well on 18th day.
No. 438.	Breasts engorged for two days; T. 101 degrees on 2nd, 3rd and 4th days. . . . settled on 5th day. . . . dismissed well on 12th day.
No. 446.	Threatened mastitis. Temperature 103.8 degrees on 10th day, 101 degrees on 11th day. . . . settled on 12th day.

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL, PAISLEY.

REPORT FOR THE YEAR 1930.

CHILDREN'S WARD.

Number of admissions during 1930	...	...	...	234
Medical cases	...	...	...	19
Surgical cases	...	...	...	215

Source of cases :—

Recommended from Child Welfare Clinic	...	...	187
Recommended by Doctors	...	...	34
Transferred from Maternity Wards (on mother's discharge from hospital)	...	...	13

Average daily number in residence :—

January	4.2	} 4.6
February,	...	...	...	...	5.5
March	...	...	...	...	4.1
April	4.1	} 5.6
May	...	...	...	...	7.4
June	...	...	...	...	5.2
July	8.0	} 6.9
August	...	...	...	...	7.1
September	...	...	...	...	5.5
October	9.4	} 9.1
November	...	...	...	...	9.0
December	...	...	...	...	9.0

Average period of residence :—

Medical cases	...	...	...	17.8 days.
Surgical cases	...	...	...	7.7 days.

Age periods of children admitted—

Medical cases,	...	...	19	Surgical cases,	...	...	215
0-1,	...	...	16	0-1,	...	...	61
1-2,	...	...	1	1-2,	...	...	24
2-3,	...	...	1	2-3,	...	...	36
3-4,	...	...	1	3-4,	...	...	44
4-5,	...	...	0	4-5,	...	...	50
Medical cases admitted,	...	...	...	...	...	...	19

Condition.	Result.						No.
Debility,	Improved,	7
Marasmus,	Died,	3
Marasmus,	Improved,	1
Prematurity,	Died,	2
Prematurity,	Improved,	5
Tetany,	Improved,	1

Deaths in Medical Ward—

Marasmus, ... ..	...	...	...	...	...	...	3
Prematurity, ... ..	...	...	...	...	...	...	2
Total, ...							5

Surgical cases admitted, 215

Patients operated on, 189

Patients treated without operation or unfit for operation. ... 26

Abscess—cleared up without operation, 2

Adenitis—cleared up without operation, 1

Congenital dislocation of hip—unfit for operation. ... 1

Hernia—unfit for operation, 3

Hernia (slight)—improved with rest in bed, 3

Hare-lip—unfit for operation, 1

Hydrocephalus—improved without operation, 1

Parotitis—improved without operation, 1

Prolapse of rectum—transferred with infectious

disease, 2

Talipes—improved with manipulation, 1

Tonsils and adenoids—unfit for operation, 10

Total. ... 26

Deaths in Surgical Ward—

Inguinal hernia; well until 7th day after operation; cerebral embolism, 1

Multiple abscesses; pyæmia, 1

Enlarged tonsils; Tonsillectomy (tonsils septic since meningitis); septicæmia, 1

Total. ... 3

Total number of Surgical operations, 273

Number of operations on indoor patients, 196

Number of operations on outdoor patients, 77

Conditions operated on—

Abscess, 25

Adenoids, 6

Congenital absence of rectum—colostomy per- formed,	1
Hare-lip (2 operations on same child),	2
Hydrocele,	3
Inguinal hernia,	11
Joint diseases—treated by plaster,	8
Nævus,	3
Phimosis—treated by circumcision,	66
Phimosis—treated by dilatation,	13
Septic finger,	1
Talipes—treated by plaster,	23
Tonsils and adenoids,	110
Tuberculous adenitis,	1
Total, ...	<u>273</u>

Number of consultations with Surgical Specialist,	42
Number of children transferred from hospital with infectious disease,	4
Dermatitis,	1
Measles,	2
Pneumonia,	1
Total, ...	<u>4</u>

HOUSING OF THE WORKING CLASSES.

I subjoin a copy of the statement, submitted by the Local Authority in November, 1930, to the Department of Health for Scotland, outlining the measures which the Local Authority propose to take during the next three years for dealing with the housing conditions in their district and the provision of further housing accommodation:—

HOUSING (SCOTLAND) ACT, 1930, SECTION 22 (2).

- (1) In terms of the Housing (Inspection of District) Regulations (Scotland), 1928, the Sanitary Inspector causes an examination of all the houses in the oldest properties to be made annually, and a Register and records are kept of the conditions found to exist.
- (2) Reports are submitted to the Local Authority regularly for consideration, and acted upon according to instruction and requirements.
- (3) The estimated number of houses required to meet the needs of the inhabitants is as follows :

(a) To replace houses unfit for human habitation. ...	400
(b) To abate overcrowding,	*546
(c) To meet the normal growth of the population (per year),	‡240
- (4) The estimate of the number of houses likely to be provided by the Local Authority in the next three years is as follows:—

(a) To be built consequent on demolition or closing of houses,	400
(b) To abate overcrowding,	510
(c) To meet the normal growth of population,	240
- (5) and (6) It is proposed, as soon as possible, to make a systematic inspection of several areas in the burgh, which might possibly require to be dealt with by means of schemes for clearance or improvement areas.

* This figure is the actual number of applications which have been lodged with the Local Authority for new houses by persons who at present have no house. In our opinion this figure may be regarded as the minimum number of houses required to abate overcrowding.

‡ This figure is based on the Registrar General's estimates of population, and may require to be revised according to what may be disclosed by the census of 1931.

Progress continues to be made with the various Corporation Housing Schemes. During 1930, 238 new houses were completed and occupied.

Housing progress since the war can be judged by the table given below, for which I am indebted to Mr. James Lee, Master of Works :—

**Number of Houses erected and occupied within the Burgh,
1919 to 1930.**

Year.		Erected by—										Grand Total.
		Private Enterprise.					Local Authority.					
		2-apr. 3-apr. 4-apr. 5-apr. Over 5. Total.	2-apr. 3-apr. 4-apr. Total.	2-apr. 3-apr. 4-apr. Total.								
1919.	...	2	...	...	...	2	...	...	...	...	2
1920,	...	3	1	1	...	5	...	...	...	...	5
1921,	...	1	...	1	1	3	...	92	...	92	95	
1922,	...	...	3	2	...	5	...	86	38	124	129
1923,	...	...	4	14	3	21	...	102	52	154	175
1924,	1	9	9	13	9	41	48	66	...	114	155	
1925,	...	23	20	35	1	79	120	62	...	182	261	
1926,	...	6	5	21	3	35	72	76	...	148	183	
1927,	...	7	17	39	2	65	182	186	...	368	433	
1928,	...	9	18	26	4	57	233	275	...	508	565	
1929,	2	4	24	26	5	61	208	214	...	422	483	
1930,	...	1	9	9	19	38	238	...	...	238	276
Total,	3	65	110	187	47	412	1101	1159	90	2350*	2762	

* This figure includes 102 houses built under Slum Clearance Scheme, and also 149 houses built during 1930 for dispossessed tenants.

As regards uninhabitable houses, Mr. Kelso, Chief Sanitary Inspector and Executive Officer under the Housing Acts, estimates that at the end of 1930 there were between 400 and 500 such houses. During the year, 30 closing orders were made under Section 8 of the Housing (Scotland) Act, 1925, and 119 closing and demolition orders were made under Section 16 of the Housing (Scotland) Act, 1930. To rehouse the tenants in these uninhabitable houses, 500 2- and 3-apartment houses are being built and are being let at rents as nearly as possible approximating to those being paid for the cheapest class of house in the area, namely, £12 for 2-apartment houses, and £14 for 3-apartment houses, which rents, inclusive of rates, work out at 6/3 and 7/3 per week respectively. 186 of these houses are already occupied and are regularly inspected by Mr. Kelso's staff, who report that the improvement of the occupiers in the standard of living and cleanliness is really remarkable.

In November, 1930, the Local Authority agreed to erect 750 additional houses under the Housing (Scotland) Act, 1925, 25 per cent. of 2-apartments, 50 per cent. of 3-apartments, and 25 per cent. of 4-apartments. This new scheme, when completed, should go a long way towards meeting the existing shortage of houses, and should also enable steps to be taken to deal with the overcrowding which is still prevalent.

BLIND PERSONS ACT, 1920.

A Joint Committee, representing all the Local Authorities in the West of Scotland, administer this Act, Paisley being represented by the Convener of the Public Health Committee. There are 140 blind persons on the local register, 75 males and 65 females. Since the Joint Committee opened their Certifying Clinic in Glasgow in 1929, no blind persons are now placed on the local register until they have been examined at the Clinic and duly certified.

Suitable cases are sent for training to the Royal Glasgow Asylum or to the similar institution in Edinburgh; while there, the Renfrewshire Education Authority is responsible for the cost of their technical training, while the Local Authority bears the cost of their maintenance. During 1930, 7 persons received training in the Glasgow Asylum, while 2 received special tuition in the Edinburgh Asylum. The Joint Committee are also responsible for the management of a Home for aged blind men at Clynder. Other facilities available include free tramway passes in suitable cases and free wireless licences; at the present time, 17 blind persons hold free tramway passes, the cost of which is borne by the Local Authority.

Relief to unemployed blind persons is now provided under the Blind Persons Act, and not by way of Poor Relief.

MEAT INSPECTION—PUBLIC SLAUGHTERHOUSE.

The Burgh Slaughterhouse is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1930:—

Class of Animal.	Total Slaughtered.	Carcases totally Condemned.	Carcases partially Condemned.	Carcases in which Origins only were Condemned.
Cattle, ...	7,879	153	275	876
Calves, ...	1,987	33	—	5
Sheep, ...	13,315	45	1	327
Swine, ...	2,021	5	2	85
	<u>25,202</u>	<u>236</u>	<u>278</u>	<u>1293</u>

Of the 1,807 diseased animals, 1,578 were affected with Tuberculosis, of which 156 were totally condemned, and 261 partially condemned. The weight of meat condemned during the year was 42 tons 10 cwt.

During the year, Mr. James Andrew, Burgh Veterinary Inspector, seized 6 cows in the Public Markets; post-mortem examination at the Slaughterhouse showed that all were affected with generalised tuberculosis, and the carcasses were totally condemned.

DIABETES—PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Two patients were assisted in this way during 1930.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. W. W. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information.

There are at present 17 registered cowsheds in the Burgh, the average number of cows kept being 355, and the average amount of milk produced being about 754 gallons daily. These were all inspected on an average of fully four times during the year, and the results recorded on the score card system; the lowest marks recorded were 82 out of a possible 100.

There are 75 retail dairy shops on the register; 8 wholesale dealers; 21 shops for the sale of bottled milk; and 25 carts or other vehicles from outside areas registered to sell milk within the Burgh.

All the registered dairy premises were systematically inspected during the year, 376 inspections being made, which represents an average of 5 inspections for each dairy. The results of inspection, as recorded on the score card system, ranged from 76 to 100 points.

The daily consumpt of milk within the Burgh is approximately 5,769 gallons, made up of 3,272 gallons bulk milk, and 2,497 gallons bottled milk; the total bottled milk comprises 41 gallons certified milk, 656 gallons ordinary milk cooled and bottled, and 1,800 gallons pasteurised milk. These figures represent a daily consumpt per head of the population of 2.10 gills—just over half a pint—a low consumpt, and one which could well be increased with great benefit to the health of the community. In recent years, numerous experiments—including one on a large scale among the school children in Lanarkshire—have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it. As I have said before, if the public would only spend less on patent foods and patent medicines, and more on the purchase of extra milk, there would undoubtedly be a definite advance on the present standard of health of our young children.

I reproduce an interesting table from Mr. Kelso's Annual Report, giving the results of tests made for sediment in milk; comparison of the figures, as Mr. Kelso points out, gives indication of a gradual improvement in cleaner methods of production.

Sediment Parts.	YEAR 1926.			YEAR 1927.			YEAR 1928.			YEAR 1929.			YEAR 1930.		
	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.
0 to .5	1	22	7	3	14	2	..	9	5	..	14	1	1	4	10
1. " 1.5	14	6	13	3	9	2	..	7	2	..	10	1	2	9	33
1.5 " 2.	13	1	8	8	4	4	16	3	5	21	1	28	26	1	1
2. " 2.5	..	7	3	4	4	4	3	5	5	2	2	2	1	7	10
2.5 " 3.	..	5	2	4	4	1	3	3	4	10	13	10	..	3	..
3. " 3.5	..	2	1	..	3	7	2	1	4	..	7	10	..	3	..
3.5 " 4.	2	3	5	9	2	4	3	9	1	..	3	..	8	11	..
4. " 4.5	..	1	1	2	2	4	7	1	4	..	2	3	..	..	..
4.5 " 5.	..	1	1	2	4	6	4	4	4	1	2	..	..	..	..
5. " 5.5	..	1	1	1	1	1	..	..	2	..	1	..	..	..	..
5.5 " 6.	..	2	..	1	1	1	1	2	..	..	1	..	..	..	..
6.4 parts	..	..	..	1	1	1	2	2	..	..	..	..	..	..	..
7. " "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. " "	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..
9. " "	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..
10. " "	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Totals,	26	46	72	23	49	72	23	49	72	19	53	72	17	55	72

Two new licences were granted for the sale of Certified and Grade A. (T.T.) Milk: the subjoined table shows the result of analysis of these two graded milks:—

	Bacteriological Examination.	Chemical Analysis.		
		Total Solids. per cent.	Non-Fatty Solids. per cent.	Milk Fat. per cent.
Pasteurised Milk— 12 Samples.	Coliform Bacilli per 1-10 c. c.	Absent in all.	Absent in all.	Absent.
	Bacterial content per c. c.	36,500 405 10,484	125,000 1,400 21,875	230
	Highest, Lowest, Average,	12.36 11.50 12.03	8.66 8.80 8.77	3.70 2.70 3.26
Certified Milk— 8 Samples.	Coliform Bacilli per 1-10 c. c.	Absent in all.	Absent in all.	Absent.
	Bacterial content per c. c.	125,000 1,400 21,875	125,000 1,400 21,875	230
	Highest, Lowest, Average,	13.30 12.10 12.66	9.00 8.50 8.82	4.30 3.50 3.84
Pasteurised (Grade A) Milk— 1 Sample.				3.85
				12.93

The high bacterial count in one sample of certified milk was due to a breakdown in the mechanical plant.

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

The question of purification of the sewage of the Burgh has been under constant consideration of a Special Committee. A scheme has been prepared by Mr. James Lee, Master of Works, approved by a consultant engineer, and finally adopted by the Local Authority. The cost will be large, but a very substantial grant from the Unemployment Grants Committee will materially reduce the burden on the ratepayers.

The new Refuse Destructor, installed in 1923, dealt with 20,556 tons of unscreened refuse during the year. the daily average—with two eight hours' shifts—being 66 tons 11 cwts. The revenue from residual products, clinker, mortar, waste paper, old tins, etc., amounted to £405, compared with £474 for the previous year. The electricity generated and used was equal to a consupt of £269.

FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 127 workshops on the register and 169 inspections were made of those most requiring attention.

In terms of the Home Work Order, 20 lists of outworkers were received; 10 in February relating to 68 outworkers. and 10 in August relating to 59 outworkers, 118 of whom were employed within the Burgh, and 9 outwith. Five lists regarding outworkers were sent to the Authorities of the districts where they were employed, and 3 lists were received from other Authorities. Inspection of such premises disclosed nothing calling for special attention.

There are 55 bakehouses in the town, 2 new workshop bakehouses having been added during the year. Five notices were received from H.M. Inspector of Factories; 2 notices referred to the necessity for linewashing, 1 notice referred to the dirty condition of floors and passage, and 1 notice referred to the opening of 2 new workshop bakehouses; these notices received immediate attention.

B.—INFECTIOUS DISEASES.**RETURN OF CASES OF INFECTIOUS DISEASE, 1930.**

DISEASE.	Number of Cases coming to the Knowledge of the Medical Officer of Health.									
	At Age—Years.								Cases removed to Hospital.	Cases not removed to Hospital.
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
	1	2	3	4	5	6	7	8	9	10
A.—Diseases specified in the Infectious Disease (Notification) Act, 1889, notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.										
Typhoid Fever, ...	3	...	...	1	...	1	1	...	3	...
Scarlet Fever or Scarlatina, ...	199	2	56	111	23	6	1	...	169	30
Diphtheria and Membranous Croup, ...	111	1	29	50	21	9	1	...	108	3
Erysipelas, ...	82	1	2	4	5	22	42	6	43	39
Puerperal Fever, Ophthalmia	11	...	...	...	3	8	...	...	9	2
Neonatorum, ...	40	40	...	...	...	...	...	...	1	39
Chickenpox, ...	293	11	78	202	2	...	...	...	1	292
Puerperal Pyrexia, Infective	38	...	...	...	13	25	...	...	33	5
Jaundice, ...	3	...	...	3	...	...	...	...	...	3
Acute Primary Pneumonia, ...	519	91	159	52	56	60	58	43	364	155
Acute Influenzal Pneumonia, ...	9	...	...	...	4	3	1	1	8	1
Pulmonary Tuberculosis, ...	117	3	1	10	26	55	21	1	*79	38
Non-Pulmonary Tuberculosis, ...	69	5	22	19	13	6	4	...	*34	35
Malaria, ...	1	...	...	...	...	1	...	...	...	1
Total, ...	1495	154	347	452	166	196	129	51	852	643
B.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.										
Pneumonia (not otherwise notifiable, ...)	104	15	69	19	1	...	...	...	84	20
Cerebro-Spinal Fever, ...	20	5	2	4	7	1	1	...	19	1
C.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1899.										
Measles, ...	962	41	36	580	4	1	...	...	18	944
Whooping-cough, ...	677	50	291	336	...	...	...	...	...	677
Mumps, ...	174	1	15	158	...	...	...	...	...	174

* 2 Cases notified in a previous year and removed to Hospital, for the first time during 1930.

TUBERCULOSIS—STATISTICAL RETURNS, 1930.

I.—Return of Cases of Tuberculosis notified during the year ended 31st December, 1930.

	Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	Age-Groups.										
	Under 5. 1	5 and under 10. 2	10 and under 15. 3	15 and under 25. 4	25 and under 35. 5	35 and under 45. 6	45 and under 65. 7	65 and upwards. 8	Total 9	Under 15. 10	15 and upwards. 11
Pulmonary—											
Males,	1	3	1	11	15	11	17	1	60	5	55
Females,	3	...	6	15	17	12	4	...	57	9	48
Non-Pulmonary—											
Males,	15	12	2	4	...	2	1	...	36	29	7
Females,	12	3	2	9	3	1	3	...	33	17	16

II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year ended 31st December, 1930.

		Number of Patients.					
		In Institu- tions on January 1. 1	Admitted during the year. 2	Discharged during the year. 3	Died in the Institutions. 4	5	In Institu- tions on December 31. 6
Pulmonary—							
Adults,							
Males,...		21	49	28	6	6	30
Females,		24	43	25	17	3	22
Children,							
Males,...		3	3	3	1	...	2
Females,		5	7	5	...	2	5
Non-Pulmonary—							
Adults,							
Males,...		2	9	7	2	...	2
Females,		3	10	9	...	...	4
Children,							
Males,...		7	7	5	...	2	7
Females,		7	7	8	1	...	5
Total, ...		72	135	90	27	13	77

III.—Return of Number of Persons Resident in the Area at 31st December, 1930, who were known to be Suffering from Tuberculosis.

		Number of Cases—Age Groups.								Total
		Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	
Pulmonary.										
Sputum not examined, ...	M.	14	8	12	7	2	1	2	...	46
	F.	17	13	10	11	3	2	1	1	58
1. Tubercle Bacilli found,	M.	...	1	...	30	40	22	8	...	101
	F.	...	...	2	33	32	28	7	...	102
2. Tubercle Bacilli never found, ...	M.	...	13	9	22	33	26	13	...	116
	F.	...	10	12	26	36	20	14	...	118
		31	45	45	129	146	99	45	1	541
Non-Pulmonary.										
1. Abdominal, ...	M.	23	15	6	8	1	1	...	...	54
	F.	16	11	7	7	2	2	...	...	45
2. Spine, ...	M.	6	4	1	1	1	...	1	...	14
	F.	5	2	2	4	...	...	...	...	13
3. Bones and Joints (exclusive of Spine), ...	M.	17	15	8	16	6	2	3	...	67
	F.	14	9	8	10	...	1	...	...	42
4. Superficial Glands, ...	M.	25	23	14	8	5	...	1	...	76
	F.	23	19	15	15	10	1	...	...	83
5. Lupus, ...	M.	...	1	1	1	...	...	...	...	2
	F.	...	1	1	2	...	...	...	1	5
6. Other Parts or Organs.	M.	11	9	6	7	6	7	3	...	49
	F.	13	7	5	9	4	5	3	...	46
		153	115	74	88	35	19	11	1	496
Total, ...	...	184	160	119	217	181	118	56	2	1037

IV.—RETURN of Number of Persons who died from Tuberculosis in the Area during the year ended 31st December, 1930, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis,	27	46	19	13
Of whom				
Not notified or notified only at or after death,	3	5	7	6
Notified less than 1 month before death,	11	5	7	2
Notified from 1 to 3 months before death,	5	6	1	1
Notified from 3 to 6 months before death,	1	11	1	1
Notified from 6 to 12 months before death,	—	8	—	2
Notified from 1 to 2 years before death,	3	7	—	—
Notified over 2 years before death,	4	4	3	1
Number who died within 28 days after discharge from an Institution,	1	4	2	—
Number who died more than 28 days after discharge from an Institution,	2	3	—	2

**INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS.
SUMMARY.**

	1930.
Number of visits of enquiry,	6,162
Patients removed to Hospital,	747
Patients removed to Reception House, ... ..	...
Notices served under Section 50 (2), P.H.S.A.,	2,367
Notices served under Section 53 (2), P.H.S.A.,	2,367
Notices served to School Teachers, etc.,	5,163
Houses, etc., Disinfected,	750
Sets of Clothing removed for Disinfection,	783
Articles of Clothing Disinfected,	10,245

TUBERCULOSIS.

SUMMARY.

	1930.
Number of visits of inquiry,	1,622
Average number of cases under observation,	1,088
Houses, etc., Disinfected,	113
Sets of Clothing removed for Disinfection or for Destruction,	144
Articles of Clothing removed for Disinfection or for Destruction,	2,091

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1930.

Estimated Population, 1930, ... 87,036.

Numbers.	Rates per 1,000 of Estimated Population.
	1930.
Births (corrected for transcripts),	1,784
Do. Illegitimate (corrected for transcripts),	103
Marriages (uncorrected),	552
Deaths (uncorrected),	1,321
Do. (transferred out),	112
Do. (transferred in),	59
Do. (corrected),	1,268
	1930.
Birth Rate (corrected for transcript),	20.5
Illegitimate Birth Rate,	5.8
Marriage Rate (uncorrected),	6.3
Death Rate—	
(uncorrected),	15.2
(corrected for transfers),	14.6
(corrected for transfers and adjusted for age and sex distribution),	16.0
Phthisis (corrected),	0.76
All Tuberculosis (corrected),	1.13
Principal Epidemic Diseases,	0.91
Infantile Mortality Rate,	107

CAUSES OF DEATH.	ALL AGES.		F.	—1	1—	5—	10—	15—	A G E.				65—	75—	85 and over.
	Both Sexes.	M.							25—	35—	45—	55—			
Enteric Fever, .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever, .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox, .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles,	16	11	5	2	11	3	...	...	...	...	...	...	...	...	...
Scarlet Fever,	6	4	2	1	3	2	...	...	...	...	...	...	...	...	...
Whooping-Cough,	35	16	19	12	21	2	...	...	...	...	...	...	...	...	...
Diphtheria,	8	3	5	2	4	2	...	...	...	...	...	...	...	3	...
Influenza,	11	2	9	1	1	...	...	...	...	...	...	1	4	...	...
Encephalitis Lethargica,	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Cerebro-spinal Meningitis,	13	6	7	5	2	1	1	2	1	...	...	1	2	...	...
Other Epidemic Diseases,	4	2	2	1	...	...	3	14	19	17	8	4	1	...	...
Tuberculosis of Respiratory System,	66	22	44	...	...	2	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis,	11	6	5	3	5	...	...	4	1	...	...	1	...	...	...
Tuberculosis of Intestines and Peritoneum,	7	4	3	...	...	3	...	3	2	...	...	1	...	1	...
Other Tuberculosis Disease,	14	8	6	...	3	...	...	...	2	9	22	42	44	13	2
Malignant Tumours,	134	57	77	...	...	...	1	...	1	...	...	...	...	...	...
Rheumatic Fever,	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not (Ccr. Spin. or Tuberc.),	10	3	7	...	2	4	1	...	...	2	...	...	40	27	1
Apoplexy,	101	49	52	...	...	...	...	...	1	6	...	21	67	47	9
Heart Disease,	182	88	94	1	1	1	...	4	1	...	...	32	...	...	...
Diseases of Arteries,	10	4	6	...	...	...	...	1	...	...	...	1	3	4	1
Bronchitis,	61	28	36	8	3	...	...	...	...	2	...	6	25	14	2
Pneumonia (all forms),	127	76	51	34	20	1	...	3	...	11	...	11	14	12	4
Other Diseases of Respiratory System,	5	1	4	...	...	...	...	...	...	...	...	...	...	1	...
Diarrhœa and Enteritis (under 2 years),	14	10	4	12	2	...	...	...	...	...	...	...	...	...	...
Appendicitis,	6	4	2	...	...	...	...	...	...	...	...	...	...	...	...
All Diseases of Liver (not Malignant),	11	3	8	...	...	...	1	2	2	...	...	3	3	...	...
Nephritis, Acute and Chronic,	30	17	13	...	...	...	...	...	3	5	6	8	6	2	...
Puerperal Sepsis,	6	...	6	...	...	...	...	...	1	4	1	...	...	...	...
Other Pis. and Accidents of Preg. and Parturition,	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of Early Infancy, and Malformations,	90	55	35	89	...	1	...	1	...	...	...	...	...	...	...
Suicide,	17	12	5	...	...	...	...	...	2	5	...	5	3	2	...
Other Violent Deaths,	106	67	39	5	7	49	21	2	3	2	7	3	4	2	1
Other Defined Diseases,	141	61	77	10	7	2	1	1	12	10	11	20	22	28	11
Causes Ill-defined or Unknown,	16	9	7	1	1	...	...	...	...	...	...	3	5	2	...
All Causes,	1268	632	636	190	93	71	29	41	55	77	118	161	242	156	32